



****REVISED** ADMINISTRATIVE POLICY COMMITTEE MEETING AGENDA**

November 21, 2024 at 5:30 PM

Kronenwetter Municipal Center - 1582 Kronenwetter Drive Board Room (Lower Level)

1. CALL MEETING TO ORDER

- A. Pledge of Allegiance
- B. Roll Call

2. ANNOUNCEMENT OF CLOSED SESSION

3. PUBLIC COMMENT

Please be advised per State Statute Section 19.84(2), information will be received from the public. It is the policy of this Village that Public Comment will take no longer than 15 minutes with a three-minute time period, per person, with time extension per the Chief Presiding Officer's discretion. Be further advised that there may be limited discussion on the information received, however, no action will be taken under public comments.

4. APPROVAL OF MINUTES

- C. Administrative Policy Committee Minutes October 17, 2024

5. OLD BUSINESS

- D. Discussion and Possible Action: Policy GEN-010-Public Comment - for citizens unable to attend Village Committees, Commissions & Boards
- E. Discussion and Possible Action: Revision of Ordinance 180-3; Village Board Meetings
- F. Discussion and Possible Action: Removal of Policy Gen-009

6. NEW BUSINESS

- G. Discussion & Possible Action: Updated Fee Schedule
- H. Renewal of Contract for Service - League of Wisconsin Municipalities Mutual Insurance Company 2025 Proposal
- I. Discussion & Possible Action: Hiring of Interim Administrator and/or Finance Director
- J. Discussion & Possible Action: Renewal of Police Officer Helth Insurance United Health Care

7. CLOSED SESSION

Consideration of motion to convene into closed session pursuant to Wis. Stat. 19.85 (1)(c) for consideration of employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility – to wit Review of Village Clerk and Village Treasurer Candidates.

8. RECONVENE OPEN SESSION

Consideration of motion to reconvene into open session.

9. ACTION AFTER CLOSED SESSION

10. CONSIDERATION OF ITEMS FOR FUTURE AGENDA

11. NEXT MEETING: December 19,2024

12. ADJOURNMENT

NOTE: Requests from persons with disabilities who need assistance to participate in this meeting or hearing should be made at least 24 hours in advance to the Village Clerk's office at (715) 693-4200 during business hours.

Posted: 11/20/2024 Kronenwetter Municipal Center and www.kronenwetter.org

Faxed: WAOW, WSAU, City Pages, Mosinee Times | Emailed: Wausau Daily Herald, WSAW, WAOW, Mosinee Times, Wausau Pilot and Review, City Pages



****REVISED** ADMINISTRATIVE POLICY COMMITTEE MEETING MINUTES**

October 17, 2024 at 5:30 PM

Kronenwetter Municipal Center - 1582 Kronenwetter Drive Board Room (Lower Level)

1. CALL MEETING TO ORDER

- A. Pledge of Allegiance
- B. Roll Call
- PRESENT
- Kelly Coyle
- Chris Voll
- Mary Solheim
- Terry Lewis-Birkett

ABSENT
 Jordyn Wadle-Leff

2. ANNOUNCEMENT OF CLOSED SESSION

3. PUBLIC COMMENT

Please be advised per State Statute Section 19.84(2), information will be received from the public. It is the policy of this Village that Public Comment will take no longer than 15 minutes with a three-minute time period, per person, with time extension per the Chief Presiding Officer’s discretion. Be further advised that there may be limited discussion on the information received, however, no action will be taken under public comments.

None

4. APPROVAL OF MINUTES

- C. August 15,2024 APC Minutes
 Motion by Coyle/Voll to approve APC minutes as presented. Motion carried 4:0 by voice vote.
- D. September 26, 2024, Special APC Minutes
 Motion by Voll/Solheim to approve APC minutes as presented. Motion carried 4:0 by voice vote.
- E. September 19,2024, APC Minutes
 Motion by Coyle/Lewis-Birkett to approve APC minutes as presented. Motion carried 4:0 by voice vote.

5. REPORTS AND DISCUSSIONS

- F. Treasurer’s Report
 No comments

6. NEW BUSINESS

- G. Discussion & Possible Action: Increase of the Right of Way Excavation Permits Fees
 Greg Ulman- Public Works Director discusses the need for the Village to update fee schedule for contracted work in the Village. Motion by Coyle/Lewis-Birkett recommend Village Board approve the recommend updated fee schedule for right of way excavation. Motion carried 4:0 by voice vote.
- H. Discussion & Possible Action: Budget Amendment # 9

Lisa Kerstner-Finance Director discusses moving funds from one line to another to cover Municipal Court fees these funds would not be coming from undesignated fund. Motion by Voll/Coyle to recommend Village Board approve budget amendment #9 as presented. Motion carried 4:0 by voice vote.

- I. Discussion & Possible Action: Possible Increase compensation for Municipal Court Judge
APC directed Lisa Kerstner to include Municipal Court Judge in the list of positions for possible raise being presented to the Village Board.
- J. Discussion & Possible Action: Fire Department Surplus Auction Items
Motion by Voll/Coyle to recommend Village Board approve the items presented by the Fire Department to list on surplus auction as presented. Motion carried 4:0 by voice vote.
- K. Discussion & Possible Action: Vestis Contract
Motion by Voll/Coyle to recommend the Village Board approve the Vestis contract as presented. Motion carried 4:0 as presented.

CLOSED SESSION

Consideration of motion to convene into closed session pursuant to Wis. Stat. 19.85 (1)(c) for consideration of employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility – to wit Administrator candidates.

Motion by Voll/Coyle to convene into closed session. Motion carried 4:0 by roll call.

RECONVENE OPEN SESSION

Consideration of motion to reconvene into open session.

ACTION AFTER CLOSED SESSION

Continue reviews for Administrators.

7. OLD BUSINESS

- L. Discussion and Possible Action: Onboarding Process/Materials for Village Board and Committee Members
APC directs staff to create policy for employee/trustee/committee members onboarding.
- M. Discussion and Possible Action: Policy GEN-010-Public Comment - for citizens unable to attend Village Committees, Commissions & Boards
Delay action bring back to next month's meeting.
- N. Discussion and Possible Action: To review and select a firm to conduct the executive search for the Administrator position
APC to review firms and bring back top three firms.

8. CONSIDERATION OF ITEMS FOR FUTURE AGENDA

none.

9. NEXT MEETING: November 21, 2024

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10. ADJOURNMENT

Motion by Voll/Coyle to adjourn. Motion carried 4:0 by voice vote.

NOTE: Requests from persons with disabilities who need assistance to participate in this meeting or hearing should be made at least 24 hours in advance to the Village Clerk's office at (715) 693-4200 during business hours.

Posted: 10/16/2024 Kronenwetter Municipal Center and www.kronenwetter.org

Faxed: WAOW, WSAU, City Pages, Mosinee Times | Emailed: Wausau Daily Herald, WSAU, WAOW, Mosinee Times, Wausau Pilot and Review, City Pages

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POLICY ID: GEN-010	TITLE: <i>Public Comment-for citizens unable to attend Village Committees, Commissions & Boards</i>	
<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION	APPROVED BY VILLAGE BOARD: _____ DATE: _____	
EFFECTIVE DATE: <i>Immediate</i>	_____	
	<i>Village Clerk</i>	
APPLIES TO:	<input checked="" type="checkbox"/> FLSA EXEMPT	<input checked="" type="checkbox"/> FLSA NON-EXEMPT
	<input checked="" type="checkbox"/> REPRESENTED EMPLOYEES	<input checked="" type="checkbox"/> Non-REPRESENTED EMPLOYEES
<i>This policy applies to all Village of Kronenwetter employees in the categories checked in this section. Provisions within individual personal contracts or a collective bargaining agreement may supersede certain parts of this policy.</i>		


Purpose – In recognition that a free government is only possible by having informed and involved citizens, the Village Board encourages public comment on any matter. The Village Board also understands that citizens may not be able to attend a public meeting. It adopts this policy to create a process to allow citizens to have their comments received by the Village when they cannot participate in a discussion.

Policy – Any resident may submit a comment on any matter of concern to them by sending it to the Village Clerk’s Office either in writing or via email. The Village Clerk shall forward all such statements to Village Board or Committee members. ~~The Village Clerk will forward any messages addressing a particular matter under consideration by any committee, commission, or board, to the designated clerk of that body dealing with that issue, who in turn shall have it read into the record of the next meeting during the public comment section. The clerks shall provide a copy of the submitted comments to each committee member.~~ Nevertheless, all items submitted shall be copied to all members of the body and attached to the minutes of that meeting.

Matters of concern that the writer designates as “public input,” “public comment,” or anything along those lines shall be of a length that someone can reasonably read in 3 minutes or less.

On the day of the meeting, any comments submitted after 11 am ~~may or may not, as circumstances allow,~~ be included in the meeting of that day ~~at the Village Clerk’s discretion. The clerk of the session shall process comments not included in the discussion of that day in the above manner at the next meeting of that body.~~

~~In the event of input so numerous that reading them all would be impractical, the committee, commission, or board may accept the comments into the record without being read at the presiding officer’s discretion. Nevertheless, all items submitted shall be copied to all members of the body and attached to the minutes of that meeting.~~

POLICY ID: GEN-009		TITLE: Agenda Setting for the Village Board	
<input checked="" type="checkbox"/> ORIGINAL	<input type="checkbox"/> REVISION	APPROVED BY VILLAGE BOARD:	DATE:
EFFECTIVE DATE: Immediate			<u>Aug 12 2020</u>
<input checked="" type="checkbox"/> FLSA EXEMPT		<input checked="" type="checkbox"/> FLSA NON-EXEMPT	
<input checked="" type="checkbox"/> REPRESENTED EMPLOYEES		<input checked="" type="checkbox"/> Non-REPRESENTED EMPLOYEES	
<p><i>This policy applies to all Village of Kronenwetter employees in the categories checked in this section. Provisions within individual personal contracts or a collective bargaining agreement may supersede certain parts of this policy.</i></p>			

Purpose – The Village Board wishes to have an informed electorate that is championed by the people. For the Village Board to accomplish this vision for the Village, the Village Board hereby adopts clear rules for the generation of the Agenda for Village Board meetings.

Policy –

Adding items to the agenda

The Village President or any two Trustees shall be allowed to add items to the Village Board's agenda by merely communicating the desire to have the item added to the agenda to the Village Clerk via email. Any item recommended by a committee, commission or board, shall also be added automatically to the Village Board agenda. Any item that is of the usual business of the Village shall also be added automatically to the Village Board agenda; for example, renewals of licenses, minutes of prior meetings, regular reports from staff and vendors, and yearly appointments.

Agenda Approval.

The Village President will approve the Village Board meeting agenda five calendar days before the Village Board meeting. The Village Board President may move things around on the agenda. The Village President may remove anything from the agenda, save for those items presented by Village Board members (such as two Trustees adding items or presented by a Village Board member during the "Items for Future agendas" period of the Village Board agenda). After the Village President has approved the agenda, if anyone wants to add an item, the item will need to be confirmed via an email with the Village President. The Village Clerk will not add any articles to the agenda that are not authorized by the Village President.



Report to APC

Agenda Item: Discussion and Possible Action: Updated Fee Schedule
Meeting Date: November 21, 2024
Referring Body:
Committee Contact:
Staff Contact: Greg Ulman
Report Prepared by: Greg Ulman

AGENDA ITEM: Discussion and Possible Action: Updated Fee Schedule

OBJECTIVE(S): To have an up to date fee schedule for the Village

HISTORY/BACKGROUND: The Village Board has instructed me to update the fee schedule by the November 25th board meeting. The proposed fee schedule has inputs from all Village staff within their respected departments. I looked at fee schedules from across the area and averaged out the fees to see where our current fees are at and updated the fees if adjustments would be needed. The black numbers are what we currently use for a fee structure, and what is proposed is in red.

PROPOSAL: To have APC look at the fee schedule updates and give input if the committee would like to change anything.

RECOMMENDED ACTION: Approve an updated fee schedule to present to the board on November 25th, 2024

Village of Kronenwetter Fee Schedule Updated January 9, 2024

Zoning Fees		
Conditional Use Permit, Variance, and Zoning Fees:		
Board of Adjustments Variance, Appeal, or Rehearing	\$300	350
Conditional Use Permit Application - New	\$300	350
Conditional Use Permit Application - Renewal	\$150	200
Rezoning	\$250	300
Platting (including erosion control and stormwater review):		
Certified Survey Map (CSM)	\$200 + \$25/lot	
Concept Plan	\$200	
Preliminary Plats	\$500 + \$25/lot	
Final Plats	\$200 + \$10/lot	
Relocation of Boundary	\$40 + \$5/lot	
Site Plan Fees (including erosion control and stormwater review):		
Minor Site Plan Amendment	\$150	
Site Plans less than 5,000 SF of Building Area	\$500	
Site Plans greater than 5,000 SF of Building Area	\$1,000	
Zoning Request Letter	\$50/property	
Temporary Use Permit	\$25	50
Non Metallic Mine	\$1,500.00 Per year- New mine as of 01-01-2025	
Residential Building Permit Fees (R1, R2, R4, SR, RR, Ag 1 and Ag 2)		
New Construction and Additions (\$50 minimum)		
General Construction - Finished	\$0.12/sq. ft	.15
General Construction - Unfinished	\$0.07/sq. ft	.10
Plumbing	\$0.06/sq. ft + Min 75	.10
New Construction Lateral Pressure Test	\$26.25	30.00
Electrical	\$0.05/sq. ft + min 75	.10
HVAC	\$0.04/sq. ft + Min 75	.08
Yard Sheds	\$50	60
Garages:		
550 sq. ft or less	\$75	100.00
Over 550 sq. ft	\$75 + \$0.15/sq. ft over 550 sq. ft	100 +.20
Outbuildings (Agricultural):		
1,000 sq. ft or less	\$75	100
1,000 to 2,500 sq. ft	\$100	150
Over 2,500 sq. ft	\$125 + \$5/100 sq. ft over 2,500 sq. ft	200 +6
Decks	\$75	
Plan Review	\$0.06/sq. ft	.10
Building Permit Seal	\$40	50
Occupancy Escrow - One & Two Family	\$1,000 deposit	
Occupancy Escrow - Multi Family	\$2,000 deposit	
Erosion Control - One & Two Family	\$50	
Erosion Control - Multi-Family	\$400	
Address Number / Uniform House Number Sign	\$20 (additional \$25 for UHNS if required)	30,40
Mobile Home Installation	\$100	
Swimming Pools - Above Ground/Permanent	\$50	
Swimming Pools - In Ground	\$100	
Early Start, Foundation Only	\$100	
Interior Renovations and Alterations (\$50 minimum)		

General Construction - Finished	\$0.07/sq. ft	.10
Plumbing	\$0.06/sq. ft	.10
Electrical	\$0.05/sq. ft	.10
HVAC	\$0.04/sq. ft	.08

Plan Review	\$0.10/sq. ft	
Decks	\$50	60
All Residential Roofing	\$40 (minimum does not apply)	50
Fences	\$25 (minimum does not apply)	40

Commercial and Industrial Building Permit Fees (B1,B2, B3, BP, M1 and M2)

New Construction, Alterations and Additions (\$100 minimum, \$10,000 maximum)

General Construction	\$0.10/sq. ft	.15
Plumbing	\$0.03/sq. ft	.05
Electrical	\$0.06/sq. ft	.10
HVAC	\$0.03/sq. ft	.05
Erosion Control	\$400	500
Occupancy Permit / Site Completion	\$2,000 or 2% of the project cost if greater, not to exceed \$10,000 (100% returned) (not included in maximum)	
Address Number	\$20	30
Early Start, Foundation Only	\$250	
Fences	\$100	125

Miscellaneous Building Permit Fees

Re-inspection after violation	\$60	75
Razing - Accessory Building	\$40	50
Razing - Residential Building	\$50	65
Razing - Commercial/Industrial	\$100	150
Moving Building	\$40 and Insurance Certificate	
Signs	\$1.00/ sq. ft (one side counted only) (\$40 min) 50 min	
Working without a Permit	Double Fees	

* fee for standard size, depending on site characteristics price may be higher.

Beer/Liquor/Cigarette License Fees

Class A - Liquor	\$400	500
Class A - Fermented Malt Beverage	\$200	300
Class B - Fermented Malt Beverage	\$100	
Class B - Liquor	\$300	400
Class C - Wine License	\$100	
Temporary (Picnic) Class B - Fermented Malt Beverage	\$10	
Temporary (Picnic) Class B - Wine	\$10	
Reserve "Class B" Liquor License	\$10,000	
Operator (Bartender) License - New (Expires in odd years)	\$35	50
Operator (Bartender) License - Renewal	\$35	50
Operator (Bartender) License - Provisional	\$15	
Cigarette License	\$100	

Sellers Fees

Secondhand Goods:

(occasional residential "garage/yard sale" excluded)

Pawnbrokers License (business)	\$100	150
Secondhand Article License "Flea Market" <small>(Annual permit for seasonal or one-time event)</small>	\$175	
Secondhand Article (antique) Dealers License	\$35	50
Peddlers, Canvassers, Solicitors, and Transient Merchants		
Investigation Fee	\$15	20
Surety Bond (Refundable)	\$500	
Vending Machine (annual permit)	\$25	

General Fees		
Mobile Home Park (maximum: 50 spaces)	\$100	
Dog License:		
Male/Female (6 months+)	\$12	15
Neutered/Spayed (6 months+)	\$7	10
Service Dog	Exempt	
Late Fees	\$5	10
Replacement Tags	\$1	5
Online Dog Licensing Convenience Fee	\$2.50	
Animal Fancier	\$75	
Dog Kennel Permit	\$75	100
Extra Tags	\$7/tag	
Dog Impoundment Fee	actual cost	
Transport in Village (plus kennel cost)	\$20	
Transport out of Village (plus kennel cost)	\$35	
Assessment Letter:		
In water/sewer area	\$35	
Not in water/sewer area	\$25	
Returned Check Handling Charge	\$30	40
Attorney Fees	actual cost	
Fireworks Users Permit	\$50	75
Block Party Permit <small>(street closure plus cost of barrier delivery/pickup)</small>	\$75	
Noxious Weed Abatement	\$25+actual cost	
Fingerprinting	\$15	\$20
Sign Inspection	\$25	
Roadway Access Permit	\$100	+ Materials
Road Right-of-Way Excavation Permit	\$100	SEE ROW Sheet
Culvert	\$400 Standard Size Culvert 100 + materials	
Village Maps:		
12" x 18" and smaller	\$5	
Anything greater than 12" x 18"	\$20	
Water & Sewer Utility Missed Appointment Fee	\$20	
Farmers Market	Res: 0 Non Res: 50	

Public Records Request Fee Schedule Estimates		
General Record/s	\$.15 per B&W page, \$.25 per color page	
Record Location Cost (Charged when total reaches \$50 or more of clerical staff time)	\$50 + overages	
Electronic Media (email, PDF, DVD, flash drive, other electronic format)	actual cost	
Data from Statewide Voter Registration System	\$25 + \$5 for every 1,000 voters	

Facsimile document	\$2/page
Rental of Equipment	actual rental cost
Shipping/Mailing Fees	actual cost
Sewer Meter & Inspection Fees	
(Water Meter & Inspection fees are \$25.00 for all meter sizes and determined by the WI PSC)	
Meter Size (inches)	Meter/Inspection Fee
5/8 and 3/4	\$728.00
1	\$3,462.50
1 1/4 and 1 1/2	\$6,925.00
2	\$7,500.00
3	\$20,775.00
4	\$27,700.00
6	\$34,625.00

Sewer Rates	
<i>Base Charge</i>	
Meter Size (inches)	Minimum Fee per Quarter
5/8 and 3/4	\$41.77
1	\$208.84
1 1/2	\$417.68
2	\$626.53
2 (Compound)	\$1253.05
3 (Compound)	\$1253.05
<i>Volume Charge</i>	
\$6.48 per 1,000 gallons of metered water	
Water/Sewer Utility Garden (Private) Well Permit	
5-Year Private Well Operating Permit	\$0
Water/Sewer Utility Connection Charge (for unassessed properties)	
Designation	Connection Charge
Non-Sub dividable Residential User	\$7,314
Nonconforming User (Duplex)	\$9,116
Community Based Residential Facility	\$12,000
Agricultural Homestead User	\$7,314
Special User (Subdivision)	\$13,515
Municipal Center Community Room Rental Rates	
Rental Fee:	
Kronenwetter Resident	\$100 125
Non-resident	\$150 200
Non- Profit	\$0
Security Deposit (applies to ALL reservations)	\$200

Athletic Field Rental		
Security Deposit (applies to multiple use only)		\$50
Daily field rental		\$20
Tournament - Athletic Field Rental		
Security Deposit		\$50 100
Optional Items:		
Field (drag) Prep		\$200/field/day 250
Standard Portable Toilet		\$85 each/day 100
Handicap Portable Toilet		\$135 each/day 150
Hand Washing Station		\$75 each/day 90
Park Shelter Rental		
Norm Plaza; Gooding; Municipal Center; Seville		
Rental Fee:		
Kronenwetter Resident		\$40
Non-resident		\$60 80
Security Deposit		\$50
Sunset; Friendship (added amenities)		
Rental Fee:		
Kronenwetter Resident		\$50
Non-resident		\$70 100
Security Deposit		\$50

Finger Prints - \$20

Town of Rib Mountain
Effective January 1, 2024
Fees under Chapter 14 and 17 Effective October 1, 2023

CODE SECTION		<u>FY 2023</u>	<u>FY 2024</u>
GENERAL			
-	Photo Copies	\$0.50	\$0.50
	Maps	\$8.00	\$8.00
-	Research per hour	actual staff costs	actual staff costs
-	Administrative Cost Billing	10.0% up to \$100	10.0% up to \$100
-	Assessment Ltrs	\$40.00	\$40.00
-	Assessment Ltrs Rushed	\$60.00	\$60.00
-	Fax Machine (per page)	\$2.00	\$2.00
-	Garbage Stickers	\$2.50	\$2.50
§6.36(6)	Wis Vote Voting Records Photo Copies	\$25.00	\$25.00
§6.36(6)	Plus \$5 per 1,000 voters	\$25.00	\$25.00
-	NSF Checks	\$35.00	\$35.00
-	Tax Bill Information for Escrow Companies (on mortgage co report)	\$5.00	\$5.00
-	Tax Bill Copy at Counter	\$2.00	\$2.00
-	Tax Bill Copy When Research is Needed	\$5.00	\$5.00
LICENSES & PERMITS			
12.01(1)(e)	Operator New/Renewal 1 Yr (includes background check)	\$50.00	\$50.00
12.01(1)(f)	Operator Provisional	\$15.00	\$15.00
	Operator Temporary (Picnic Server)	\$10.00	\$10.00
	Operator License Replacement if lost or stolen	\$5.00	\$5.00
12.01	Dog License Neutered/Spayed	\$15.00	\$15.00
12.01	Dog License Male/Female	\$20.00	\$20.00
12.01	Dog License Late Fee	\$10.00	\$10.00
12.01	Puppy over 5 months	\$10.00	\$10.00
12.01(8)	Cat License Neutered/Spayed	\$15.00	\$15.00
12.01(8)	Cat License Male/Female	\$20.00	\$20.00
12.01(8)	Cat License Late Fee	\$10.00	\$10.00
12.01(8)	Kitten over 5 months	\$10.00	\$10.00
12.01	Kennel License Private Residential & Commercial Animal Boarding	\$100.00	\$100.00
	4-12 animals in all districts	\$100.00	\$100.00
	7-12 animals in ER, CR, RA-1, RA-2, OR=35ac or RR-35 ac	\$100.00	\$100.00
	Animals in excess of 12 must be individually licensed		
	additional late fee, 30 days or less	\$10.00	\$10.00
	additional late fee, greater than 30 days	\$20.00	\$20.00
	Duplicate/Replacement Pet License	\$5.00	\$5.00
12.12	Amusement Devices - arcade/music	\$25.00	\$25.00
12.12	Amusement Devices - casino-like	\$150.00	\$175.00
12.12	Amusement Devices - lotto-like	\$200.00	\$225.00
12.01(3)	Cigarette License	\$100.00	\$100.00
	Publication Fee	\$75.00	\$75.00
12.01(2) (a)	Class A Liquor	\$500.00	\$500.00
12.01(2) (a)	Class A Beer	\$350.00	\$350.00
12.01(2) (b)	Class B Liquor	\$500.00	\$500.00
12.01(2) (b)	Class B Beer	\$100.00	\$100.00
	Class B Winery - does not affect Town's quota for Class B Liquor	\$500.00	\$500.00
	Reserve "Class B" INITIAL ISSUANCE	\$10,000.00	\$10,000.00
NOTE: plus annual fee for Class B Beer & Liquor License			
	Provisional Class A, B or C Retail License	\$15.00	\$15.00
	Class C Wine	\$100.00	\$100.00
	Transfer License from place to place in Town	\$10.00	\$10.00
12.01(1)(d)	Picnic	\$10.00	\$10.00
12.01(1)(g)	Sports Club	\$15.00	\$15.00
	Change of Agent (for Corporation or LLC)	\$10.00	\$10.00
14.06(3)	Non-Metallic Mine Permit	\$1,500.00	\$1,500.00
7.07(5)	Bicycle	\$3.00	\$3.00
12.04	Direct Seller / Mobile Food Vendor (in code)	\$100.00	30/\$50.00 60/\$100.00 90/\$150.00 120/\$200.00 Fixed/\$400.00
8.06(4)(b)	Special Town Board Meeting	\$100.00	\$100.00
12.09	Temporary Outdoor Sales And Outdoor Assembly	\$100.00	\$100.00
	Tent (Larger than 100 sf)	\$35.00	\$35.00
	Fireworks Seller's Permit	\$250.00	\$250.00

Town of Rib Mountain
Effective January 1, 2024
Fees under Chapter 14 and 17 Effective October 1, 2023

CODE SECTION		<u>FY 2023</u>	<u>FY 2024</u>
9.05(3)	Fireworks Display Permit separate permit for each date	\$100.00	\$100.00
	Motel Permit (new)	\$150.00	\$150.00
	Motel Permit (renewal)	\$75.00	\$75.00
	Motel/Hotel Room Tax Imposed percentage of gross receipts	8.00%	8.00%
8.11	Use of Town Roads for Civic Events (run, walk, bike, block party event on Town roads)	\$100.00	\$100.00
12.13	Short Term Rental Operation	\$200.00	\$200.00
12.13(6)	Short Term Rental Operation Inspection	\$50.00	\$50.00
	Weights & Measures License		\$25.00 + Annual Inspection Rate
	Business License / Restaurant License		\$25.00
 PARKS			
	Doepke Shelter Rental		
-	Deposit	\$75.00	\$75.00
-	Rental Fee, Tax Included	\$125.00	\$150.00
-	Non-Profit Rental Fee, Tax Included	\$75.00	\$100.00
-	Heat, if used, Tax Included	\$25.00	\$25.00
-	Major Event (All users over 100 People) add'l fee	\$100.00	\$100.00
-	Cancellation fee (Over 30 days notice)	\$50.00	\$50.00
-	Cancellation fee (Less than 30 days notice)	\$100.00	\$100.00
-	Summer Program Registration Fee	\$75.00	\$100.00
-	Memorial Bench Donation	\$1,200.00	Cost
 PUBLIC WORKS			
	The following is based on per hour:		
-	Grader w/ operator	\$133.00	\$133.00
-	End Loader w/ operator	\$133.00	\$133.00
-	Backhoe w/ operator	\$120.00	\$120.00
-	Dump Truck w/ operator	\$107.00	\$107.00
-	Tandem Truck w/operator	\$120.00	\$120.00
-	Mowing w/operator	\$100.00	\$100.00
-	Snowplow w/operator	\$133.00	\$133.00
-	Tractor Mower w/operator	\$100.00	\$100.00
-	Tractor Broom w/operator	\$100.00	\$100.00
-	Street Sweeper w/operator	\$167.00	\$167.00
-	One Ton Plow Truck w/operator	\$100.00	\$100.00
-	Air Compressor	\$27.00	\$27.00
-	Pumping 2/operator	\$133.00	\$133.00
-	Pump Only	\$40.00	\$40.00
-	Steamer Only	\$160.00	\$160.00
-	Chipper w/operator	\$200.00	\$200.00
-	Snowblower	\$233.00	\$233.00
-	Labor (min 1 hour)	\$44.00	\$44.00
-	Sign Post - Wood or Metal	\$65.00	\$65.00
-	Sand Fill + 10%	\$7.00	\$7.00
-	Salt/Sand Mix + 10%	Cost	Cost
-	Granite + 10%	\$10.00	\$10.00
-	Grass Seed + 10%	Cost	Cost
-	Road Base per ton + 10%	\$10.00	\$10.00
-	Black Dirt / Top Soil + 10%	Cost	Cost
-	Bonifiber Cold Mix + 10%	Cost	Cost
-	Cold Mix + 10%	Cost	Cost
-	Pea stone / yard + 10%	Cost	Cost
-	Raw Salt / per ton + 10%	Cost	Cost
8.02	Excavate in Right of Way - Single Family		
8.02	Open Cut or Directional Boring Outside of Roadway	\$50.00	\$50.00
8.02	Directional Boring Under Roadway	\$150.00	\$150.00
8.02	Open Cut Pavement Surface (add'l per opening)	\$250.00	\$250.00
8.02	Open Cut Pavement Surface less than 4 yrs old (add'l per opening)	\$500.00	\$500.00
8.02	Excavate in Right of Way - Commercial & Multi-Family		
8.02	Open Cut or Directional Boring Outside of Roadway	\$150.00	\$150.00
8.02	Directional Boring Under Roadway	\$250.00	\$250.00

Town of Rib Mountain
Effective January 1, 2024
Fees under Chapter 14 and 17 Effective October 1, 2023

CODE SECTION	<u>FY 2023</u>	<u>FY 2024</u>
8.02 Open Cut Pavement Surface (add'l per opening)	\$500.00	\$500.00
8.02 Open Cut Pavement Surface less than 4 yrs old (add'l per opening)	\$1,000.00	\$1,000.00
8.02 Excess of 300 ft. in Length along Public Right-of-Way		
8.02 Open Cut or Directional Boring Outside of Roadway	\$750.00	\$750.00
8.02 Directional Boring Under Roadway	\$250.00	\$250.00
8.02 Open Cut Pavement Surface (add'l per opening)	\$500.00	\$500.00
8.02 Open Cut Pavement Surface less than 4 yrs old (add'l per opening)	\$1,000.00	\$1,000.00
Culverts, Materials, Asphalt Patch	Cost	Cost
Developer Review Fees (Stormwater, Attorney, Site Plan, Etc.)	actual consultant costs	actual consultant costs
Special Road Use - Single Trip Transport		
Over Width	\$100.00	\$100.00
Over Weight (Emergency Only)	\$250.00	\$250.00
ZONING FEES - As listed or contracted costs for both residential and commercial.		
17.23 Unified Development District Application		\$400.00
17.26 Zoning Code Text Amendment	\$350.00	\$350.00
17.26 Zoning Code Map Amendment	\$300.00	\$300.00
17.26 Comprehensive Plan Amendment	\$500.00	\$500.00
17.26 Special Use	\$100.00	\$100.00
17.26 Conditional Use	\$300.00	\$300.00
17.26 Sign Permit fee, minimum	\$50.00	\$50.00
17.26 Sign Permit per sq ft (min \$50)	\$1.00	\$1.00
17.26 Site Plan / Zoning Permit, 1 & 2 Family	\$75.00	\$75.00
17.26 Site Plan / Zoning Accessory Structure	\$50.00	\$50.00
17.26 Site Plan / Zoning Permit, All other, per acre	\$50.00	\$50.00
17.26 Occupancy Insp / Cert.	\$50.00	\$50.00
17.26 Zoning Occupancy Bond, Res.	\$1,000.00	\$1,000.00
17.255 Zoning Occupancy Bond, Comm.	1% / \$1,000. min	1% / \$1,000. min
17.255 Board of Appeals Variance	\$400.00	\$400.00
17.255 Zoning Code Interpretation	\$200.00	\$200.00
17.255 Appeals	\$400.00	\$400.00
17.255 Filing / recording, plus fees	\$35.00	\$35.00
17.255 Bed & Breakfast	\$200.00	\$200.00
17.255 Consultant fees:	Cost	Cost
17.000 Floodplain Overlay		\$100.00
17.000 Shoreland Overlay		\$100.00
*Note: Zoning requests are subject to publication fees at cost.		
SUBDIVISION & PLATTING FEES		
Certified Survey Maps: Boundary Correction/Lot Line Adjustments/Parcel Combination	\$50.00	\$100.00
Certified Survey Maps: New Lot Creation	\$150.00	\$100 + \$50 per lot
18.13(1) Preliminary Plats	\$400.00	\$200 + \$10.00/lot
Final Plats	\$300.00	\$100 + \$10.00/lot
19.16(3)(b) Park Dedication Fees, single family	\$650.00	\$650.00
19.16(3)(b) Park Dedication Fees, two family	\$1,300.00	\$1,300.00
19.16(3)(b) Park Dedication Fees, multi-family	\$650 / unit	\$650 / unit
Consultant review fees	Cost	Cost
RESIDENTIAL BUILDING PERMIT FEES - As listed or contracted costs.		
14.01(2) Residential (new 1 or 2 Family Dwelling)		
14.01(2) Plan Review Fee		
New 1 & 2 Family Dwellings	\$0.03/Sq. Ft. (Min \$50.00)	\$0.03/Sq. Ft. (Min \$50.00)
Additions and/or Alterations to 1 & 2 Family Dwellings	\$0.03/Sq. Ft. (Min \$25.00)	\$0.03/Sq. Ft. (Min \$25.00)
New Permanent Accessory Structure	\$0.03/Sq Ft. (Min \$25.00)	\$0.03/Sq Ft. (Min \$25.00)
Inspections		
Construction - New, Finished Area	\$0.12/Sq. Ft.	\$0.12/Sq. Ft.
Construction - New, Unfinished Area	\$0.08/Sq. Ft.	\$0.08/Sq. Ft.
Electrical - Finished Area	\$0.07/Sq. Ft.	\$0.07/Sq. Ft.
Electrical - Unfinished Area	\$0.035/Sq. Ft.	\$0.035/Sq. Ft.
HVAC/Mechanicals (Furnace, AC Unit, Mini Split, Etc...)	\$45.00/Unit	\$45.00/Unit
Plumbing - per fixture	\$10.00/fixture (Min \$25.00)	\$10.00/fixture (Min \$25.00)
14.01(2) Early Start Permit Fee, Residential	\$100.00	\$100.00
14.01(2) Inspections, additional / special	\$65.00	\$65.00
14.01(2) UDC Seal	\$40.00	\$40.00
14.01(2) Driveway permits / approvals	\$50.00	\$50.00
Deck		
< 20 s.f.	\$70.00	\$70.00

Town of Rib Mountain
Effective January 1, 2024
Fees under Chapter 14 and 17 Effective October 1, 2023

CODE SECTION		<u>FY 2023</u>	<u>FY 2024</u>
	> 20 s.f. but < 100 s.f.	\$70.00	\$70.00
	> 100 s.f.	\$100.00	\$100.00
	Add on: Complex area (hot tubs, roofs, or special design features)	\$0.20 / Sq. Ft. (min \$25.00)	\$0.20 / Sq. Ft. (min \$25.00)
14.01(2)	Swimming Pools - Recreational Facilities	\$100.00	\$100.00
	Fence (New)	\$50.00	\$50.00
	Fence (Addition)	\$25.00	\$25.00
14.01(2)	Wrecking Permit (Residential)	\$100.00	\$100.00
14.01(2)	Minor repairs	\$50.00	\$50.00
14.01(2)	Mechanical Permits	\$50.00	\$50.00
	Roofing, siding, soffits, fascia, window replacement, and door replacement projects exceeding \$300.00 for overall project.		\$25.00
COMMERCIAL BUILDING PERMIT FEES - As listed or contracted costs.			
Contracted commercial building inspection fees (including mechanical permits) shall be per the contracted consultant's fee schedule, in lieu of the below listed commercial fees.			
17.255	Site Plan/Zoning Permit/Class 1 Collocation Tower - Commercial	\$500.00	\$500.00
	Class 2 Collocation Tower		\$250.00
14.01(2)	Commercial Bldg. Application Fee (Base Fee)	City of Wausau	Contracted Costs
14.01(2)	Early Start Permit Fee, Commercial	City of Wausau	Contracted Costs
14.01(2)	Commercial Plan Review (Base Fee)	City of Wausau	Contracted Costs
14.01(2)	Commercial Finished Area Review Fee - New Construction	City of Wausau	Contracted Costs
14.01(2)	Comm. Tenant Remodel/Buildout (Base Fee)	City of Wausau	Contracted Costs
14.01(2)	Commercial Finished Area Plan Review Fee	City of Wausau	Contracted Costs
14.01(2)	Commercial Plumbing Permit	City of Wausau	Contracted Costs
14.01(2)	Commercial HVAC Permit	City of Wausau	Contracted Costs
14.01(2)	Commercial Electrical Permit	City of Wausau	Contracted Costs
14.01(2)	Inspections, additional / special	City of Wausau	Contracted Costs
14.01(2)	Driveway permits / approvals	\$100.00	\$100.00
17.255	Sign Permit, minimum	\$50.00	\$50.00
17.255	Add on: Sign Permit per Sq Ft	\$1.00	\$1.00
	Temporary Signage permit (30 day maximum)	No Fee	No Fee
	Special Event Sign Permit (3 day max for special occasions)	\$50.00	\$50.00
14.01(2)	Wrecking Permit (Commercial)	\$150.00	\$150.00
MISCELLANEOUS BUILDING PERMIT FEES			
	Accessory Building (Detached)		
	Yard Shed or "Non-permanent"	Zoning Accessory Structure + \$0.10/ sq. ft. over 250 sq. ft.	Zoning Accessory Structure + \$0.10/ sq. ft. over 250 sq. ft.
14.01(2)	Moving Permit		
	Moving Garages	\$100.00	\$100.00
	Moving Dwellings & Other Buildings	\$300.00	\$300.00
	Street Privilege Permit	\$50.00	\$50.00
	Moving Financial Surety	Town Board Determination	Town Board Determination
8.07	Addressing fee (includes fire number sign, hardware, and post)		\$75

NOTICE: License and Permit Fee's Double for ALL Licenses and Permits when work begins prior to issuance of Licenses, Permits and Approvals

CITY OF WAUSAU 2024			2023 Rate	2024 Rate
COMPREHENSIVE FEE SCHEDULE				
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE		2023 Rate	2024 Rate
DEPARTMENT: AIRPORT				
T-hangers 1-10			\$88.97	\$88.97
T-hangers 12-15 & 17-19			\$118.60	\$118.60
T-hanger 11, 16, 20			\$133.44	\$133.44
T-hangers 21 & 30			\$148.26	\$148.26
T-hangers 22-24 & 27-29			\$129.75	\$129.75
T-hangers 25 & 26			\$177.91	\$177.91
T-hangers 31 & 40			\$155.57	\$155.57
T-hangers 32-34 & 37-39			\$137.73	\$137.73
T-hangers 35 & 36			\$188.79	\$188.79
DEPARTMENT: ASSESSMENT				
Open Records Request per page Black and White	Attorney General Opinion		\$0.035	\$0.035
Open Records Request per page - Color	Attorney General Opinion		\$0.0039	\$0.0039
Copies of Property Record Cards			\$1.00	\$1.00
DEPARTMENT: ATTORNEYS				
DVD copies of traffic stops			\$5.00	\$5.00
DEPARTMENT: COMMUNITY DEVELOPMENT				
TID Application			\$1,000.00	\$1,000.00
Development Agreement Amendment			\$500.00	\$500.00
DEPARTMENT: ENGINEERING/PLANNING/GIS/PUBLIC WORKS				
SPECIAL ASSESSMENTS				
Street Improvement Projects			\$55.00	\$55.00
Drive Approach		Actual cost		Actual cost
Sewer		Actual cost		Actual cost
Water		Actual cost		Actual cost
New Sidewalk		50% of Actual Cost		50% of Actual Cost
PERMIT				
Drive Approach			\$30.00	\$30.00
Street Privilege Permits			\$75.00	\$75.00
STORMWATER PERMITS				
Permit applications with only construction site erosion control			\$40.00	\$40.00
Less than 1 acre (per site)			\$40.00 + \$25 for each additional acre	\$40.00
Greater than 1 acre (per site)			\$40.00 + \$25 for each additional acre	\$40.00
Permit applications with a post-construction stormwater management plan			\$25.00	\$25.00
Residential Subdivision Plats (per lot)			\$25.00 per lot	\$25.00
All other site (per site)			\$150 per site + \$25 per acre > 1 acre	\$150 per site + \$25 per acre > 1 acre
Note: No fees shall exceed \$500				
PARKING				
McClellan Ramp 1 - 530 N 2nd Street				

CITY OF WAUSAU		
2024		
COMPREHENSIVE FEE SCHEDULE		
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE	2024 Rate
Parking 7 days per week; 24 hours per day Hours of Operation 8AM-6PM Monday - Friday Overnight Parking Allowed		Permit: Monthly = \$38 Annual \$418
Jefferson Ramp 2 - 425 N 1st Street Parking 7 days per week; 24 hours per day Hours of Operation 8AM-6PM Monday - Friday Overnight Parking Allowed		Permit: Monthly Levels 3-6 = \$38 Annual \$418 Permit Level 5: Monthly = \$15 Annual \$165 Permit Level 6: Monthly = \$5 Annual \$55 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
Ramp 3-Pennneys Ramps 101 Washington Street Parking 7 days per week; 24 hours per day Hours of Operation 8AM-6PM Monday - Friday Overnight Parking Allowed		Permit: Monthly=\$38, Annual \$418 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
Ramp 4-Sears 400 Forest Street Parking 7 days per week; 24 hours per day Hours of Operation 8AM-6PM Monday - Friday Overnight Parking Allowed		Permit: Monthly=\$28, Annual \$308 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
3rd & Grant Street Lot 5 Parking 7 days per week; 6AM - 2:30AM Hours of Operation 8AM-6PM Monday - Friday		Permit: Monthly = \$33 Annual \$363 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
4th & Washington/3rd & McClellan Street - Lot 6 Parking 7 days per week; 6AM - 2:30AM Hours of Operation 8AM-6PM Monday - Friday		Permit: Monthly = \$38 Annual \$418 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
Lower Library Lot 7 Parking 7 days per week; 6AM - 2:30AM Hours of Operation 8AM-6PM Monday - Friday		Permit: Monthly = \$38 Annual \$418 0-2 Hours = No charge with Plate Registration Additional hours = \$1.00
River Drive - Lot 8		

CITY OF WAUSAU 2024			COMPREHENSIVE FEE SCHEDULE	
FEE, LICENSE, PERMIT, CHARGES	DESCRIPTION	STATUTE/ORDINANCE	2023 Rate	2024 Rate
Parking 7 days per week; 24 hours per day			Permit : Monthly = \$15 Annual \$165 Passenger cars and pickup trucks	Permit : Monthly = \$15 Annual \$165 Passenger cars and pickup trucks
Hours of Operation 8AM-6PM Monday - Friday			Permit : Monthly = \$40 Annual \$440 Campers, trailers and Recreational Vehicles	Permit : Monthly = \$40 Annual \$440 Campers, trailers and Recreational Vehicles
Overnight Parking Allowed				
Jefferson Street - Lot 9				
Parking 7 days per week; 24 hours per day			Permit : Monthly = \$25 Annual \$275	Permit : Monthly = \$25 Annual \$275
Hours of Operation 8AM-6PM Monday - Friday			0-2 Hours = No charge with Plate Registration	0-2 Hours = No charge with Plate Registration
Overnight Parking Allowed			Additional hours = \$1.00	Additional hours = \$1.00
McClellan Street - Lot 10				
Parking 7 days per week; 24 hours per day			Monthly permit = \$18	Monthly permit = \$18
Permit Parking Only - 8AM-6PM Monday - Friday				
Overnight Parking Allowed				
3rd & McClellan Street - Lot 13				
Parking 7 days per week; 6AM - 2:30AM			0-2 Hours = No charge with Plate Registration	0-2 Hours = No charge with Plate Registration
Hours of Operation 8AM-6PM Monday - Friday			Additional hours = \$1.00	Additional hours = \$1.00
1st and Grant Street - Lot 14				
Parking 7 days per week; 6AM - 2:30AM			Permit: Monthly = \$33 Annual \$363	Permit: Monthly = \$33 Annual \$363
Permit Parking Only - 8AM-6PM Monday - Friday				
Jefferson Street Inn/Federal Bldg. Lot 17				
Parking 7 days per week; 24 hours per day			0-2 Hours = No charge with Plate Registration	0-2 Hours = No charge with Plate Registration
Hours of Operation 8AM-6PM Monday - Friday			Additional hours = \$1.00	Additional hours = \$1.00
Overnight Parking Allowed				
First Wausau Tower - Lot 15				
Parking 7 days per week; 24 hours per day			Free evenings & weekends	Free evenings & weekends
Permit Parking Only - 8AM-6PM Monday - Friday				
Overnight Parking Allowed				
Penneys Forest Street Lot- Lot 18				
Parking 7 days per week; 6AM - 2:30AM			Permit: Monthly=\$38, Annual \$418	Permit: Monthly=\$38, Annual \$418
Hours of Operation 8AM-6PM Monday - Friday				
Scott Street Lot 20				
Parking 7 days per week; 6AM - 2:30AM			Permit: Monthly = \$38 Annual \$418	Permit: Monthly = \$38 Annual \$418
Hours of Operation 8AM-6PM Monday - Friday			0-2 Hours = No charge with Plate Registration	0-2 Hours = No charge with Plate Registration
			Additional hours = \$1.00	Additional hours = \$1.00
All Day Value Pass - 15 Uses good for parking in Sears, Penneys and Jefferson Ramps and Lots 5,7,9,20			\$35.00	\$35.00

CITY OF WAUSAU				
2024				
COMPREHENSIVE FEE SCHEDULE				
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE	2023 Rate	2024 Rate	
Contractor Downtown Street Parking Permit		\$10.00 Daily Rate	\$10.00 Daily Rate	
GIS MAP FEES				
Color Official City Map (36"x56")		\$11.40	\$11.40	\$11.40
Color Annexation Map (36"x56")		\$11.40	\$11.40	\$11.40
Color Zoning Map (36"x56")		\$11.40	\$11.40	\$11.40
Color Aldermanic District Map (36"x56")		\$11.40	\$11.40	\$11.40
Black and White Official City Map (36"x56")		\$7.20	\$7.20	\$7.20
MISCELLANEOUS FEES & PERMITS				
Block Party Permit		\$31.50	\$31.50	\$31.50
Weed Trimming (Private Residence) Minimum Charge		Actual Contracted Services Costs plus \$40 Administrative Fee	Actual Contracted Services Costs plus \$40 Administrative Fee	Actual Contracted Services Costs plus \$40 Administrative Fee
Snow Removal (Private Residence) Minimum Charge		Actual Contracted Services Costs plus \$40 Administrative Fee	Actual Contracted Services Costs plus \$40 Administrative Fee	Actual Contracted Services Costs plus \$40 Administrative Fee
Snow Removal (Downtown) per foot		Actual Costs	Actual Costs	Actual Costs
Yard Waste Permit for Contractors		\$250.00	\$250.00	\$250.00
DEPARTMENT: FINANCE				
NSF Check Return Charge		\$45.00	\$45.00	\$45.00
Photo Copies per page - color		\$0.04	\$0.04	\$0.04
Photo Copies per page - black and white		\$0.0039	\$0.0039	\$0.0039
Open Records Request - CD		\$15.00	\$15.00	\$15.00
Tax Exempt Biennial Report Fee		\$50.00	\$50.00	\$50.00
Special Assessment Exam Fee		\$75.00	\$75.00	\$75.00
Special Assessment Exam Fee - Rush Order		\$82.00	\$82.00	\$82.00
Amended Applications		\$10.50	\$10.50	\$10.50
PET/ANIMAL FEES				
Spayed/Neutered Dog or Cat	8.08	\$20.00	\$20.00	\$20.00
Microchip Discount		-\$8.00	-\$8.00	-\$8.00
Not Spayed/Neutered Dog or Cat		\$62.00	\$62.00	\$62.00
Dangerous Animal License		\$200.00	\$200.00	\$200.00
Dangerous Animal License Issued after July 1		\$100.00	\$100.00	\$100.00
Annual Pet License Late Fee		\$5.00	\$5.00	\$5.00
Pet Fancier Permit		\$35.00	\$35.00	\$35.00
Commercial Kennel License		\$100.00	\$100.00	\$100.00
Chicken Permit Fee	8.08.012	\$35.00	\$35.00	\$35.00
Honey Bee Permit				
Honey Bee Permit -Late Fee		Double the permit fee	Double the permit fee	Double the permit fee

CITY OF WAUSAU 2024			2023 Rate	2024 Rate
COMPREHENSIVE FEE SCHEDULE				
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE	2023 Rate	2024 Rate	
Sale of live poultry or farm raised game birds at a marketplace	8.080.010(d)	\$25.00		\$25.00
ALCOHOLIC BEVERAGES/CIGARETTE LICENSES AND FEES				
Class A Beer Retailer		\$350.00		\$350.00
Class A Liquor Retailer	125.51(2)(d)	\$500.00		\$500.00
Class A Beer & Liquor Retailer		\$850.00		\$850.00
Class B Beer Retailer	125.26(3)	\$100.00		\$100.00
Class B Beer & Liquor Retailer	125.51(2)(D) & 125.26(3)	\$600.00		\$600.00
Class B Beer & Class C Wine		\$200.00		\$200.00
Class B Beer - Picnic	125.26(6)	\$10.00		\$10.00
Class C Wine	125.51(3m)(e)	\$100.00		\$100.00
Provisional Retail License	125.17(5)(c)	\$15.00		\$15.00
Reserve Class B Liquor Retailer License	125.51(3)(e)2	\$10,000.00		\$10,000.00
Tavern Entertainment License		\$250.00		\$250.00
Liquor Establishment Publication Fee - Group		\$30.00		\$30.00
Liquor Establishment Publication Fee - Single		\$65.00		\$65.00
Change of Agent/Officer Processing	125.06(2)(e)	\$10.00		\$10.00
Alcohol Premise Transfer	(moving buildings)	\$10.00		\$10.00
Alcohol Premise Amendment		\$150.00		\$150.00
Cigarette Sales	134.65(2)(a)	\$100.00		\$100.00
Alcoholic Beverage/Cigarette Application Late Filing Fee		\$50.00		\$50.00
Bartender Fees				
1 Year Operator - New Applicant		\$70.00		\$70.00
1 Year Operator - Restricted		\$70.00		\$70.00
2 Year Operator - Renewal		\$110.00		\$110.00
2 Year Operator - Restricted		\$110.00		\$110.00
2 Year Operator - Lapsed (Within 2 licensing periods)		\$125.00		\$125.00
Operator License Duplicate		\$5.00		\$5.00
Temporary Operator -Event Bartender		\$10.00		\$10.00
TRANSIENT MERCHANT LICENSES				
Direct Seller - Cash/Surety Bond		\$0.00		\$0.00
Direct Seller Business Registration License 30 Days		\$50.00		\$50.00
Direct Seller Business Registration License 60 Days		\$100.00		\$100.00
Direct Seller Business Registration License 90 Days		\$150.00		\$150.00
Direct Seller Business Registration License 120 Days		\$200.00		\$200.00
Direct Seller- Employee Registration License 30 Days		\$25.00		\$25.00
Direct Seller - Employee Registration License 60 Days		\$50.00		\$50.00
Direct Seller - Employee Registration License 90 Days		\$75.00		\$75.00
Direct Seller - Employee Registration License 120 Days		\$100.00		\$100.00

Section 6, Item G.

12/14/2024

CITY OF WAUSAU 2024			2023 Rate	2024 Rate
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE			
SECOND HAND DEALERS				
Second Hand Dealer - Article			\$225.00	\$225.00
Second Hand Dealer - Jewelry			\$225.00	\$225.00
Second Hand Dealer Mail/Flea Market License/Yr.			\$180.00	\$180.00
Second Hand Dealer Mail/Flea Market License/Day			\$55.00	\$55.00
Pawn Brokers License			\$225.00	\$225.00
Special Event Second Hand Dealer (mall or flea market)			\$55.00	\$55.00
Flea Market License			\$180.00	\$180.00
PUBLIC TRANSPORTATION				
Taxicab/Limo Transportation Companies			\$200.00	\$200.00
Taxicab/Limo Operator License - New & Renewal			\$50.00	\$50.00
Taxicab/Limo Operator License - Duplicate ID			\$10.00	\$10.00
Commerical Quadricycle Business License Fee			\$200.00	\$200.00
Commerical Quadricycle Driver's License Fee			\$50.00	\$50.00
ESCORT AND ESCORT SERVICES				
Escort License Application Fee	5.19		\$500.00	\$500.00
Escort License Late Fee			\$1,000.00	\$1,000.00
Escort License Registration Fee for Operators, Employees and Independent Contractors			\$500.00	\$500.00
STREET VENDING				
Annual License			\$100.00	\$100.00
Semi Annual License			\$75.00	\$75.00
Special Youth Vending License	5.62.045		\$15.00	\$15.00
MOBILE HOME LICENSE				
Mobile Home - per month	5.68.020/ 66.0435		\$10.00	\$10.00
Mobile Home Park (for each fifty spaces or fraction thereof within each mobile home park)	5.68.020/ 66.0435		\$100.00	\$100.00
PUBLIC AMUSEMENTS				
Public exhibitions (per performance)			\$45.00	\$45.00
Public exhibitions (per year)			\$200.00	\$200.00
Entertainment facility			\$475.00	\$475.00
Entertainment facility operator			\$45.00	\$45.00
Temporary entertainment facility			\$50.00	\$50.00
Amusement device distributor			\$250.00	\$250.00
Amusement devices (per unit)			\$40.00	\$40.00
Coin-operated music machines (per unit)			\$40.00	\$40.00
Public dance hall			\$35.00	\$35.00

CITY OF WAUSAU 2024		COMPREHENSIVE FEE SCHEDULE	
FEE, LICENSE, PERMIT, CHARGES	DESCRIPTION	2023 Rate	2024 Rate
STATUTE/ORDINANCE			
Teen dance hall		\$50.00	\$50.00
Private teen club		\$50.00	\$50.00
Theater		\$185.00	\$185.00
Adult-Oriented Establishments		\$600.00	\$600.00
Amended Application		\$250.00	\$250.00
Late Fee		\$100.00	\$100.00
SIDEWALK CAFÉ			
Initial permit application per location without alcohol expansion		\$45.00	\$45.00
Initial permit application per location with alcohol expansion		\$80.00	\$80.00
Renewal per location without alcohol expansion		\$20.00	\$20.00
Renewal per location with alcohol expansion		\$40.00	\$40.00
SPECIAL EVENTS			
Category 1		\$200.00	\$200.00
Category 2		\$60.00	\$60.00
Multiple Day Event			
Serial Day Event Rate			
Late Filing Fee			
Category 1		\$200.00	\$200.00
Category 1		\$100.00	\$100.00
MISCELLANEOUS LICENSES AND PERMITS			
Christmas Tree Sales License		\$25.00	\$25.00
Sidewalk Layers License		\$600.00	\$600.00
Horse-Drawn Carriage License		\$25.00	\$25.00
Bituminous Concrete License		\$60.00	\$60.00
Cement Contractors License		\$90.00	\$90.00
Electrical Contractors License		\$150.00	\$150.00
Garbage Haulers License		\$125.00	\$125.00
Newsrack Permit	5.61.050	\$40.00	\$40.00
Newsrack Inspection Fee	5.61.050	\$10.00	\$10.00
Hotel/Motel Permit	3.25.050	\$10.00	\$10.00
Hotel/Motel Permit Reinstatement Fee	3.25.050	\$10.00	\$10.00
DEPARTMENT: FIRE			
Variance w/no position statement		\$35.00	\$35.00
Variance w/position statement/no site visit		\$75.00	\$75.00
Variance w/o position statement/with a site visit		\$125.00	\$125.00
Fireworks/Pyrotechnics Permits		\$100.00	\$100.00

125% of event rate
200% of the event rate

125% of event rate
200% of the event rate

CITY OF WAUSAU 2024			2023 Rate	2024 Rate
COMPREHENSIVE FEE SCHEDULE				
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE		2023 Rate	2024 Rate
Fireworks/Pyrotechnics Standbys			\$300.00	\$300.00
Tent Permit			\$30.00	\$30.00
Controlled Burning Permit			\$250.00	\$250.00
Wood Fired Apparatus inspections			\$30.00	\$30.00
Recreational Burning Permit (5 years)			No Fee	No Fee
False Alarms: First Two False Alarm Calls			\$60.00	\$60.00
False Alarms: Third and Fourth False Alarms			\$400.00	\$400.00
False Alarms: Fifth thru Eighth False Alarms			\$800.00	\$800.00
False Alarms: Ninth and Subsequent Alarms			\$500.00	\$500.00
General Request Standby Fees (Dedicated)			\$100.00	\$100.00
General Request Standby Fees (On-Duty)			\$500.00	\$500.00
Professional Sports Standby (Dedicated)			\$100.00	\$100.00
Professional Sports Standby (On-Duty)			\$50.00	\$50.00
School Event Standbys (On-Duty)			\$500.00	\$500.00
School Event Standbys (Dedicated)			\$25.00	\$25.00
Church Sponsored Event Inspections			\$500.00	\$500.00
Church Sponsored Event Standbys (Dedicated)			\$100.00	\$100.00
Church Sponsored Event Standbys (On-Duty)			\$500.00	\$500.00
City Sponsored Events Standbys (Dedicated)			\$500.00	\$500.00
City Sponsored Events Standbys (On-Duty)			\$500.00	\$500.00
Private Events Standbys (Dedicated)			\$500.00	\$500.00
Private Events Standbys (On-Duty)			\$75.00	\$75.00
Large Special Events Standbys (Dedicated)			\$500.00	\$500.00
Large Special Events Standbys (On-Duty)			\$300.00	\$300.00
Confined Space Entry Standbys (Dedicated)			\$500.00	\$500.00
Confined Space Entry Standbys (On-Duty)			\$50.00	\$50.00
Other City Department Standbys (Dedicated)			\$500.00	\$500.00
Ambulance Standby			\$106.00	\$106.00
Engine Standby			\$150.00	\$150.00
Tank Removal Permit Fee			\$100.00	\$100.00
Tank Removal/Installation Fee				
Training classes			\$50.00	\$50.00
Transport to Health Care Facility			\$100.00	\$100.00
Transport Surcharge for Bariatric Patients			\$50.00	\$50.00
Inspection Fees				
Initial Inspection Fee			\$0.00	\$0.00
1 st Re-inspection			\$0.00	\$0.00
2 nd Re-inspection			\$30.00	\$30.00
3 rd Re-inspection			\$60.00	\$60.00
4 th Re-inspection			\$90.00	\$90.00
5 th Re-inspection			\$120.00	\$120.00

CITY OF WAUSAU 2024			2023 Rate	2024 Rate
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE	2023 Rate	2024 Rate	
6 th Re-inspection		\$150.00	\$150.00	\$150.00
Additional Re-inspections		\$150.00	\$150.00	\$150.00
EMS				
BLS Resident		\$1,300.00	\$1,400.00	\$1,400.00
BLS - Non Resident		\$1,300.00	\$1,400.00	\$1,400.00
ALS1 - Resident		\$1,450.00	\$1,550.00	\$1,550.00
ALS1 - Nonresident		\$1,450.00	\$1,550.00	\$1,550.00
ALS2 - Resident		\$1,800.00	\$1,900.00	\$1,900.00
ALS2 - Nonresident		\$1,800.00	\$1,900.00	\$1,900.00
SCT Resident		\$1,800.00	\$2,000.00	\$2,000.00
SCT Nonresident		\$1,800.00	\$2,000.00	\$2,000.00
Mileage - Resident		\$23.00	\$24.00	\$24.00
Mileage - Nonresident		\$23.00	\$24.00	\$24.00
BLS - On Scene Care -Resident		\$500.00	\$600.00	\$600.00
BLS - On Scene Care - Nonresident		\$500.00	\$600.00	\$600.00
ALS - On Scene Care		\$1,100.00	\$1,200.00	\$1,200.00
ALS On Scene Care - Nonresident		\$1,100.00	\$1,200.00	\$1,200.00
Lift Assist				
First two		\$0.00	\$0.00	\$0.00
Each additional assist over two		\$275.00	\$300.00	\$300.00
Paramedic Hourling Rate				\$80.00
DEPARTMENT: PARKS/RECREATION/FORESTRY				
Boat Launch - Annual Sticker		\$30.00	\$30.00	\$30.00
Boat Launch - Business Sticker		\$50.00	\$50.00	\$50.00
Boat Launch - Daily Pass		\$6.00	\$6.00	\$6.00
Boat Launch - Replacement Sticker		\$10.00	\$10.00	\$10.00
Violation Notice		\$50.00	\$50.00	\$50.00
<p>Recreation and swim program participants are charged fees to cover a portion of the costs associated with the program. Youth programs are subsidized at a rate of 50%, while contracted recreation services, adult recreation and special events are set up to recover 100% of their expense including a 15% mark up for administrative costs associated with the program. Non-residents pay increased fees to participate in programs funded by resident tax payers. Concessions are set up to recover costs with a markup of 200% to 600% depending upon the item.</p> <p>Private Rentals - \$450 minimum (\$750-2 tows) or \$8.50 per youth (min 42" tall to 13 yrs.) and \$11.50 per adult whichever is greater. Hours of operation for Private Rentals - Tues., 6pm-9pm, Wed. or Thurs.-11:30am-2pm or 6-9pm, Fri.-11:30am-2pm, Sun.-6pm-9pm</p>				
Tubing - Daily - Youth - Public		\$8.00	\$8.00	\$8.00
Tubing - Daily - Youth Punch Card		\$72.00	\$72.00	\$72.00
Tubing - Daily - Adult - Public		\$11.00	\$11.00	\$11.00
Tubing - Daily - Adult Punch Card		\$99.00	\$99.00	\$99.00

Section 6, Item G.

CITY OF WAUSAU			2024	2023 Rate	2024 Rate
COMPREHENSIVE FEE SCHEDULE					
FEE, LICENSE, PERMIT, CHARGES	DESCRIPTION	STATUTE/ORDINANCE			
Swim Season Pass - Season passes will be discounted if purchased prior to April 1					
Swim - Season Pass - Resident - Youth			\$35.00	\$35.00	\$35.00
Swim - Season Pass - Resident - Adult			\$50.00	\$50.00	\$50.00
Swim - Season Pass - Resident - Family (1st two members)			1st Adult Full Price, 2nd Adult adult 30% off. 1st Youth Full Price, additional Youth 30% off		1st Adult Full Price, 2nd Adult adult 30% off. 1st Youth Full Price, additional Youth 30% off
Swim - Season Pass - NonResident - Youth			\$45.00	\$45.00	\$45.00
Swim - Season Pass - NonResident - Adult			\$65.00	\$65.00	\$65.00
Swim - Season Pass - NonResident - Family			1st Adult Full Price, 2nd Adult adult 30% off. 1st Youth Full Price, additional Youth 30% off		1st Adult Full Price, 2nd Adult adult 30% off. 1st Youth Full Price, additional Youth 30% off
Swim - Agency Pass			\$35.00	\$35.00	\$35.00
Swim - Agency Pass Youth per visit Kaiser, Memorial & Schulenburg each person			\$2.00	\$2.00	\$2.00
Swim - Agency Pass Adult per visit Kaiser, Memorial & Schulenburg each person			\$2.00	\$2.00	\$2.00
Fee to Replace Lost Pass (1st One is FREE)			\$4.00	\$4.00	\$4.00
Swim-Daily Admittance-Youth(1-17)-1p-7:50p Kaiser, Memorial, Schulenburg			\$5.00	\$5.00	\$5.00
Swim-Daily Admittance-Adult(18-59)-1p-7:50p Kaiser, Memorial, Schulenburg			\$2.00	\$2.00	\$2.00
Swim-Daily Admittance-Senior(60+)-1p-7:50p Kaiser, Memorial, Schulenburg			\$2.00	\$2.00	\$2.00
Swim-Daily Admittance (after 6pm)-Youth(1-17)-6p-7:50p Kaiser, Memorial, Schulenburg			\$3.00	\$3.00	\$3.00
Swim-Daily Admittance (after 6pm)-Adult(18-59)-6p-7:50p Kaiser, Memorial, Schulenburg			\$1.00	\$1.00	\$1.00
Swim-Daily Admittance (after 6pm)-Senior(60+)-6p-7:50p Kaiser, Memorial, Schulenburg			Free	Free	Free
Swim - Daily Admittance - Infants <1 - 1p-7:50p All pools			\$375.00	\$375.00	\$375.00
Swimming Pool Rental no Waterslides			\$425.00	\$425.00	\$425.00
Swimming Pool Rental with Waterslides			\$161.00	\$161.00	\$161.00
Parks - Non-Exclusive Use - NonCommrcl/day			\$330.00	\$330.00	\$330.00
Parks - Non-Exclusive Use - Commercial/day			\$107.00	\$107.00	\$107.00
Parks - Non-Exclusive Use - NonCommrcl 1/2 day			\$220.00	\$220.00	\$220.00
Parks - Non-Exclusive Use - Commercial 1/2 day			\$171.00	\$171.00	\$171.00
Parks - Oak Island Shelter - NonCommrcl/day			\$356.00	\$356.00	\$356.00
Parks - Oak Island Shelter - Commercial/day			\$114.00	\$114.00	\$117.00
Parks - PleasantView Shelter - NonComm/day			\$231.00	\$231.00	\$238.00
Parks - PleasantView Shelter-Commercial/day			\$254.00	\$254.00	\$262.00
Parks - Riverside Shelter-NonComm-1-200/day			\$525.00	\$525.00	\$541.00
Parks - Riverside Shelter - Comm - 1-200 /day			\$422.00	\$422.00	\$435.00
Parks - Riverside Shelter - NonComm - 201-300			\$876.00	\$876.00	\$902.00
Parks - Riverside Shelter - Comm - 201-300/day			\$597.00	\$597.00	\$615.00
Parks - Riverside Shelter - NonComm - 301-400			\$1,233.00	\$1,233.00	\$1,270.00
Parks - Riverside Shelter - Comm - 301-400/day			\$57.00	\$57.00	\$59.00
Parks - Riverside Shelter - Meeting			\$254.00	\$254.00	\$262.00
Parks - Sylvan Hill Chalet - Non-Commercil/day			\$525.00	\$525.00	\$541.00
Parks - Sylvan Hill Chalet - Commercial/day			\$45.00	\$45.00	\$47.00
Parks - Sylvan Hill Chalet - Meeting 1-50/hr			\$57.00	\$57.00	\$59.00
Parks - Sylvan Hill Chalet - Meeting 50+/hr			\$59.00	\$59.00	\$59.00
Parks - Open Shelter Prior to 8am, 1 Hour minimum; cost per hour			\$195.00	\$195.00	\$195.00
Athletic Park Baseball w/o admission / game					

CITY OF WAUSAU

2024

COMPREHENSIVE FEE SCHEDULE

2024 Rate	2023 Rate	STATUTE/ORDINANCE	FEE, LICENSE, PERMIT, CHARGES DESCRIPTION
\$195.00	\$195.00		Athletic Park Baseball with admission/game plus 10% of gross admission
\$27.00	\$27.00		Athletic Park Field Lights / hour
Negotiable	Negotiable		Athletic Park - Non-Baseball Activities
\$34.00	\$34.00		Ball Diamonds - Organized Adult or Comm Use or High School
\$28.00	\$28.00		Ball Diamonds - Organized Youth Use
\$32.00	\$32.00		Sports Fields - Organized Adult or Comm Use or High School
\$22.00	\$22.00		Sports Fields - Organized Youth or Comm Use or High School
\$125/field/week	\$125/field/week		Sports Fields - Organized Youth Use Weekly Rate
\$12/hour	\$12/hour		Additional time
Free	Free		Pickleball/Tennis Courts - Public Use
Free	Free		Pickleball/Tennis Courts - Reserved Use - Non Comm
\$12.00	\$12.00		Pickleball/Tennis Courts - Commercial or Private Use /court/hr
\$420	\$420		School Cross Country Running Races
\$5.25/Participant	\$5.25/Participant		Event/Races - under 100 participants
Negotiable	Negotiable		Event/Races - 100+ participants
\$12.00/roll	\$12.00/roll		Event Fees - Snow Fence 50" Roll including stakes and ties
\$200.00/each	\$200.00/each		Event Fees - Portable Stage
\$100.00/each	\$100.00/each		Event Fees - Portable Stage Canopy
\$7.00/each	\$7.00/each		Event Fees - Barricades
\$20.00/each	\$20.00/each		Event Fees - Picnic Tables
\$35.00	\$35.00		Event Fees - Manual Post Pounder
\$50.00/each	\$50.00/each		Event Fees - Water Stand Pipes
\$12.00/each	\$12.00/each		Event Fees - Backflow Preventers
\$7.00/each	\$7.00/each		Event Fees - Bleacher Planks
\$165/panel/event	\$165/panel/event		Event Fees - Portable Electrical Panels (Spider Box)
\$45.00/hr/person	\$45.00/hr/person		Event Fees - Staff - Week Day
\$70.00/hr/person	\$70.00/hr/person		Event Fees - Staff - Weekend and Evenings
10% gross excluding taxes	10% gross excluding taxes		Concession/Merchandise Sales
\$50.00	\$50.00		Key Security Deposit
\$200.00	\$200.00		Facility Rental Deposit - Alcohol/Amplified Music
\$200.00	\$200.00		Tent, Temporary Structure, Etc Deposit
\$40/hour	\$40/hour		Staff Time for Cleaning/repairs/etc.
\$50.00	\$50.00		Key Replacement Fee
\$125 + Labor & Materials	\$125 + Labor & Materials		Fire/Police Department Fees
Negotiable	Negotiable		Misc
\$400.00	\$400.00		Payment in Lieu of Tree Replacement
\$500.00	\$500.00		Memorial Tree
\$1,700.00	\$1,700.00		Memorial Bench
			400 Block Rental Fees***
			Private Event Sponsored by a Private Group:
			Less than four hours per day
\$350.00	\$210.00		

Section 6, Item G.

CITY OF WAUSAU 2024		2023 Rate	2024 Rate
COMPREHENSIVE FEE SCHEDULE			
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE	2023 Rate	2024 Rate
Greater than four hours per day		\$420.00	\$700.00
Admission Event:			
Less than four hours per day		\$210.00	\$400.00
Greater than four hours per day		\$420.00	\$800.00
Free Event Open to the Public			
Less than four hours per day		\$79.00	\$81.00
Greater than four hours per day		\$158.00	\$163.00
Sound and Lighting System Daily Rental		\$165.00	\$165.00
Rental fee includes daily setup and take down by City staff. Events requiring more than two hours of City staff time per day (as determined by the City) shall pay the hourly City staff fee for additional time beyond the initial 2 hours of staff time.			
Electrical System - Stage and Planter Pedestals		\$35.00	\$35.00
Includes 8 planter receptacles and 2 stage receptacles. Each has 1-50 amp plug in and 2-20 amp circuits.			
Portable Electrical Panels (Spider Box)		\$165.00	\$165.00
Each panel includes 6-20 amp and 1-30 amp 240v Circuits and set up and removal by City staff			
Deposit - Sound, Light and Electrical Panels - payable to City atleast 3 days prior to the event		\$550.00	\$550.00
Equipment Rental			
Deposit - (Water Tank, trailer & Water stand pipes)		\$75/unit	\$75/unit
Snow Fence 50' Roll including stakes and ties**		\$12/roll	\$12/roll
Portable Stage**		\$200/each	\$200/each
Portable Stage Canopy**		\$100each	\$100each
Barricades**		\$7/each	\$7/each
Picnic Tables**		\$20/each	\$20/each
Manual Post Pounder		\$35.00	\$35.00
Backflow Preventers		\$12/each	\$12/each
Portable Bleachers		\$130/each	\$130/each
Bleacher Planks		\$7/each	\$7/each
** Set up, delivery and pick up of equipment are not included in the daily rental rates and will be charged per hourly rate based on actual time spent. Delivery and pickup needs to be scheduled at least two weeks in advance and will not always be available for all items			
Labor:			
Operations and Maintenance Staff	Week day	\$45/hr/person	\$45/hr/person
	Weekend and Evenings	\$70/hr/person	\$70/hr/person
Electrical Staff - Week day		\$55/hr/person	\$55/hr/person
	Weekend and Evenings	\$70/hr/person	\$70/hr/person

CITY OF WAUSAU 2024 COMPREHENSIVE FEE SCHEDULE			2023 Rate	2024 Rate
FEE, LICENSE, PERMIT, CHARGES DESCRIPTION	STATUTE/ORDINANCE			
*** Cancellation of Reservations - You may be entitled to a partial refund of your reservation fee if you notify the City in writing of your cancellation at least 2 weeks prior to the reserved date. The City will retain an administrative fee of the lesser of 25% or \$25 of the total fee paid. No refunds will be issued after the fact(i.e. the event did not take place) or for late cancellations within 2 weeks of the reserved date.				
Trees				
Payment in Lieu of Tree Replacement				
DEPARTMENT: POLICE				
Open Records			\$0.0039	\$0.0039
Accident and incident reports black and white			\$0.0350	\$0.0350
Accident and incident reports color	Attorney General Opinion		Actual Cost	Actual Cost
Postage, use actual for large envelopes			\$5.00	\$5.00
In-house Records Checks			\$5.00	\$5.00
CD/DVD copies			\$30.00	\$30.00
Fingerprinting				
False Alarms				
first 2 in rolling year			No charge	No charge
3-4 alarms in rolling year			\$60.00	\$60.00
5-8 alarms in rolling year			\$115.00	\$115.00
9 & subsequent in rolling year			\$225.00	\$225.00
Police Services per hour			\$72.00	\$80.00

Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

ONE- & TWO-FAMILY:	2024 Fees
PLAN REVIEW FEES <ul style="list-style-type: none"> ▪ New 1- and 2-family dwellings ▪ Additions and Alterations to 1- and 2-family dwellings (not including garages) • New Accessory Buildings or Additions thereto over 160 sq ft 	<p>\$0.03/sq ft¹ <i>or \$82.50 minimum</i></p> <p>\$0.03/sq ft¹ <i>or \$70.00 minimum</i></p> <p>\$0.03/sq ft¹ <i>\$35.00 minimum</i></p>
INSPECTION FEES <ul style="list-style-type: none"> • New 1- and 2-family dwellings • New Accessory Buildings for 1- and 2-family dwellings <ul style="list-style-type: none"> ○ 160 sq ft or less (flat fee) ○ Over 160 sq ft (per square footage) • Additions to 1- and 2-family dwellings • Alterations to 1- and 2-family dwellings • Siding, Soffits, Fascia, Roofing, Window Replacement, and Retaining Walls over 4 ft tall • All Other Building, Structures, Alterations, Repairs where Square Footage CANNOT be Determined 	<p>\$0.11/sq ft¹ <i>or \$236.00 minimum</i></p> <p>\$50.00 \$0.11/sq ft¹ <i>or \$100.00 minimum</i></p> <p>\$0.11/sq ft¹ <i>or \$100.00 minimum</i></p> <p>\$0.11/sq ft¹ <i>or \$75.00 minimum</i></p> <p>\$55.00</p> <p>\$10.00/\$1,000.00 valuation <i>or \$55.00 minimum</i></p>
HEATING, VENTILATING, AND AIR CONDITIONING FEES <ul style="list-style-type: none"> • Heating: Residential 1- and 2-family dwellings and accessory buildings (including duct work) <ul style="list-style-type: none"> ○ Up to including 150,000 BTU a unit ○ Additional fee per unit that exceeds 50,000 BTUs or fraction thereafter • Air Conditioning (permanent installation) 	<p>\$51.50/unit +\$6.00/50,000 BTUs</p> <p>\$51.50/unit</p>
CERTIFICATES OF OCCUPANCY FEES <ul style="list-style-type: none"> • Per Residential Unit 	<p>\$25.00/unit</p>
SPECIAL FEES <ul style="list-style-type: none"> • Land Use Permit (Zoning Certificate) • State of Wisconsin Seal (when required) • Early Start: Footings/Foundations • Razing <ul style="list-style-type: none"> ○ 1- & 2-Family dwellings ○ Accessory buildings • Same Day or Re-Inspection Fee 	<p>\$30.00</p> <p>\$42.00</p> <p>\$105.00</p> <p>\$75.00 \$71.50</p> <p>\$65.00</p>

Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

ONE- & TWO-FAMILY: (Continued)	2024 Fees																																																																																				
SPECIAL FEES (CONTINUED) <ul style="list-style-type: none"> • Administrative Fee (application not completed/additional review required) • Failure to Obtain Permit prior to Commencement of Work. (Payment of any fee in this subsection shall in no way relieve any person of the penalties that may be imposed for violation of this chapter.) 	10% of permit fee or \$30.00 minimum Triple fees																																																																																				
COMMERCIAL	2024 Fees																																																																																				
PLAN ENTRY FEE <i>A plan entry fee is charged with each submittal of plans in addition to the plan review & inspection fees.</i>	\$100.00																																																																																				
PLAN REVIEW FEES <ul style="list-style-type: none"> • Building Plans <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">o 2,500 – 5,000 sq ft</td> <td style="width: 30%; text-align: right;">\$250.00 minimum</td> </tr> <tr> <td>o 5,001 – 10,000 sq ft</td> <td style="text-align: right;">\$300.00</td> </tr> <tr> <td>o 10,001 – 20,000 sq ft</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td>o 20,001 – 30,000 sq f</td> <td style="text-align: right;">\$700.00</td> </tr> <tr> <td>o 30,001 – 40,000 sq ft</td> <td style="text-align: right;">\$1,100.00</td> </tr> <tr> <td>o 40,001 – 50,000 sq ft</td> <td style="text-align: right;">\$1,400.00</td> </tr> <tr> <td>o 50,001 – 75,000 sq ft</td> <td style="text-align: right;">\$1,900.00</td> </tr> <tr> <td>o 75,001 – 100,000 sq ft</td> <td style="text-align: right;">\$2,600.00</td> </tr> <tr> <td>o 100,001 – 200,000 sq ft</td> <td style="text-align: right;">\$3,300.00</td> </tr> <tr> <td>o 200,001 – 300,000 sq ft</td> <td style="text-align: right;">\$5,400.00</td> </tr> <tr> <td>o 300,001 – 400,000 sq ft</td> <td style="text-align: right;">\$9,500.00</td> </tr> <tr> <td>o 400,001 – 500,000 sq ft</td> <td style="text-align: right;">\$14,000.00</td> </tr> <tr> <td>o 500,000 sq ft or more</td> <td style="text-align: right;">\$16,700.00</td> </tr> <tr> <td></td> <td style="text-align: right;">\$18,000.00</td> </tr> </table> • HVAC Plans <table style="width: 100%; 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Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

COMMERCIAL (Continued)	2024 Fees
PLAN REVIEW (CONTINUED)	
<ul style="list-style-type: none"> • Fire Suppression System Plans <ul style="list-style-type: none"> ○ 2,500 – 5,000 sq ft ○ 5,001 – 10,000 sq ft ○ 10,001 – 20,000 sq ft ○ 20,001 – 30,000 sq ft ○ 30,001 – 40,000 sq ft ○ 40,001 – 50,000 sq ft ○ 50,001 – 75,000 sq ft ○ 75,001 – 100,000 sq ft ○ 100,001 – 200,000 sq ft ○ 200,001 – 300,000 sq ft ○ 300,001 – 400,000 sq ft ○ 400,001 – 500,000 sq ft ○ 500,000 sq ft or more 	<p><i>\$30.00 minimum</i></p> <p>\$60.00</p> <p>\$100.00</p> <p>\$150.00</p> <p>\$200.00</p> <p>\$350.00</p> <p>\$500.00</p> <p>\$700.00</p> <p>\$1,000.00</p> <p>\$1,200.00</p> <p>\$3,000.00</p> <p>\$4,400.00</p> <p>\$5,600.00</p> <p>\$6,400.00</p>
<ul style="list-style-type: none"> • Structural Plans and Other Component Submittals, if submitted separately from the general building plans (<i>e.g., structural plans, precast concrete, laminate wood, beams, cladding elements, and/or other façade features or other structural elements</i>) <ul style="list-style-type: none"> ○ Plan Review Fee, and ○ Additional Plan Entry Fee 	<p>\$250.00/plan +100.00/plan</p>
<ul style="list-style-type: none"> • Accessory Building <ul style="list-style-type: none"> ○ 500 sq ft or less (flat fee) 	<p>\$125.00 <i>(Plan Entry Fee Waived)</i></p>
<ul style="list-style-type: none"> • Early Start <ul style="list-style-type: none"> ○ Plan Review Fee for structures less than 2,500 sq ft ○ Plan Review Fee for all other structures 	<p>\$75.00 \$150.00</p>
<ul style="list-style-type: none"> • Plan Examination Extensions, when reviewing the extension of an approved plan 	<p>50% of the original plan review fee <i>(\$3,000.00 maximum)</i></p>
<ul style="list-style-type: none"> • Resubmittals & Revisions to Approved Plans, when deemed by the reviewer to be a minor revision from previously reviewed and/or approved plans. (<i>Any significant changes or alterations beyond minor amendments as determined by the Plans Examiner and Building Inspection Department may result in additional charges as appropriate.</i>) 	<p>\$75.00</p>
<ul style="list-style-type: none"> • Submittal of Plans after Construction, where plans are submitted after construction a standard late submittal fee will be assessed per each review type that occurred after construction. This is in addition to any other plan entry fees, structural components and base fees applied to a project. 	<p>\$250.00/per review type</p>
<ul style="list-style-type: none"> • Expedited Priority Plan Review, when expediting the completion plan review in less than the normal processing time of when the plan is considered ready for review. (<i>Within 5 business days of when we received Plans.</i>) 	<p>200% of the fees specified in provisions</p>
<p><i>Fees relating to the submittal of commercial building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans is computed based on total gross floor area of each building, area of addition, or area of alteration.</i></p> <ol style="list-style-type: none"> 1. <i>New construction, additions, alterations, and parking lots fees are based on the prices above.</i> 2. <i>New construction and additions are calculated based on total gross floor area of the structure.</i> 3. <i>A separate plan review fee is charged for each type of plan review.</i> 	
<p><i>Determination of Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories, and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies.</i></p>	

Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

COMMERCIAL (Continued)	2024 Fees
INSPECTION FEES <ul style="list-style-type: none"> • Residential and Institutional • Fire Alarm Systems, installations or additions/modifications to existing • Fire Suppression Systems, installations or additions/modifications to existing • Offices and Mercantile • Warehouses, Factories, and Building Shells • Reroofing and All Other Occupancies where the Square Footage CANNOT be Determined 	<p>\$0.13/sq ft¹ or \$103.00 minimum</p> <p>\$0.03/sq ft¹ or \$75.00 minimum</p> <p>\$0.03/sq ft¹ or \$75.00 minimum</p> <p>\$0.11/sq ft¹ or \$103.00 minimum</p> <p>\$0.95/sq ft¹ or \$103.00 minimum</p> <p>\$10.00/\$1,000.00 valuation or \$103.00 minimum</p>
HEATING, VENTILATING AND AIR CONDITIONING FEES <ul style="list-style-type: none"> • HVAC <ul style="list-style-type: none"> ○ Per \$1000.00 Valuation or Per Square Footage (whichever fee is less) • HVAC Unit Replacement <ul style="list-style-type: none"> ○ 1 unit (flat fee) ○ More than 1 unit 	<p>\$5.00/\$1,000.00 valuation or \$0.06/ sq ft¹ or \$100.00 Minimum</p> <p>\$100.00 \$70.00/unit</p>
CERTIFICATE OF OCCUPANCY FEES <ul style="list-style-type: none"> • Residential Units • Other Occupancy 	<p>\$16.50/unit</p> <p>\$39.00</p>
SPECIAL FEES <ul style="list-style-type: none"> • Land Use Permit (Zoning Certificate) • Early Start: Footings/Foundation, and Structural Framing • Razing: Commercial Structures • Parking Lot Permits (15.52.020) • Same Day or Reinspection Fee • Failure to Obtain Permit Prior to Commencement of Work. (Payment of any fees in this subsection, however, shall in no way relieve any person of the penalties that may be imposed for violation of this chapter.) 	<p>\$75.00</p> <p>\$120.00</p> <p>\$120.00</p> <p>\$75.00</p> <p>\$79.50</p> <p>Triple Fees</p>

Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

MISCELLANEOUS FEES	2024 Fees
APPLICATION & PUBLICATION FEES FOR BUILDING ADVISORY BOARD (CLASS 1 NOTICE) (15.04.080)	\$200.00
APPLICATION & PUBLICATION FEES (WMC CHAPTERS 23.10.13, 23.10.10.31, 23.10.32) <ul style="list-style-type: none"> • Zoning Board of Appeals: Variances, Appeals \$200.00 • Plan Commission <ul style="list-style-type: none"> ○ Amendments, Conditional Uses, UDD Petitions \$400.00 ○ Special Meeting Requested \$500.00 	
CENTRAL BUSINESS DISTRICT (DOWNTOWN) OBSTRUCTION PERMIT	\$20.00
DRIVE APPROACH PERMIT (12.20.010)	\$30.00
EXCAVATION PERMIT (12.40.010)	\$70.00
FENCES	\$50.00
HOME OCCUPATION	\$20.00
MOVING BUILDING OVER PUBLIC WAYS (15.40.010) <ul style="list-style-type: none"> • Garages \$50.00 • Houses or Other Buildings \$215.00 	
PARKLAND DEDICATION FEES (WMC CHAPTER 21.16) <ul style="list-style-type: none"> • SR-2, SR-3, SR-5, and SR-7 Districts \$400.00/lot • DR-8, TF-10, and TF-12 Districts \$500.00/lot • MRL-12, MRM-20, and MRH-50 Districts \$200.00/lot • Planned and Unified Developments <ul style="list-style-type: none"> ○ Single-Family unit \$400.00/single unit ○ Duplex Unit \$500.00/duplex unit ○ Apartment Unit \$200.00/apartment unit • Additional Residential Building Lots Created by Replat or Certified Survey \$400.00/additional lot 	
PLAT REVIEW FEES (WMC CHAPTER 21) <ul style="list-style-type: none"> • Preliminary Plat Fee \$150.00 + \$25.00/lot • Final Plat Fee \$100.00 + \$10.00/lot • Condominium Plat Fee \$100.00 + \$25.00/lot 	
CERTIFIED SURVEY MAP REVIEW <ul style="list-style-type: none"> • Standard CSM \$100.00 • Extraterritorial Reviews \$75.00 	
PORTABLE STORAGE CONTAINERS (23.03.30)	\$55.00/90 days
RESUBMITTAL FEE <ul style="list-style-type: none"> • Revised Plans that require new permits \$100.00 + Plan Review 	

Building, Housing, and Zoning** Fee Schedule

2024

Section 6, Item G.

City of Wausau
City of Schofield*

MISCELLANEOUS FEES <i>(Continued)</i>	2024 Fees
SIGNS (15.48.050) <ul style="list-style-type: none"> • <u>Business Signs</u> • <u>Advertising Signs</u> • <u>Temporary Signs</u> <i>(monthly fee)</i> <p><i>All fees for signage are charged per sign. Where signs have two or more faces, the permit fee shall be computed on each face of such sign.</i></p>	<p>\$1.10/sq ft of gross area¹ <i>or \$40.00 minimum</i></p> <p>\$1.30/sq ft of gross area¹ <i>or \$60.00 minimum</i></p> <p>\$1.10/sq ft of gross area¹ <i>or \$40.00 minimum</i></p>
SPECIAL INSPECTIONS FEES <i>(E.g., Community-based residential facilities, taverns, day care centers, massage establishments, inspection for new tenant/change of tenant for certificate of occupancy, etc.)</i>	\$160.00
STORM WATER MANAGEMENT (WMC CHAPTER 15.56)	Established by Resolution
STREET PRIVILEGE PERMITS (12.44.050)	\$77.50
SWIMMING POOLS (19.32.020)	\$60.00
ZONING RELATED <i>(E.g., Zoning Verification Letters, Combine Parcel Requests, Building Code Compliance Letters, Address Change Requests, and Other Forms Requiring Zoning Review, etc.)</i> <ul style="list-style-type: none"> • <u>Residential</u> • <u>Commercial</u> 	<p>\$39.00</p> <p>\$70.00</p>
HOUSING CODE (TITLE 16)	2024 Fees
REINSPECTION FEE (16.04.025)	\$65.00
RENT ABATEMENT APPLICATION FEE, FOR AUTHORIZATION OF (16.04.037(D))	\$25.00
RESIDENTIAL RENTAL REGISTRATION (16.04.030)	2024 Fees
RENTAL REGISTRATION FEE (PER BUILDING)	\$10.00
RESIDENTIAL RENTAL LICENSE INSPECTION FEES <ul style="list-style-type: none"> • <u>First Inspection</u> • <u>Second Inspection</u> • <u>Missed Inspection Appointments/Failure to Allow Access</u> 	<p><i>No Charge</i></p> <p><i>No Charge, if violation corrected</i></p> <p>\$35.00</p>

Notes:

*Projects outside the City of Wausau limits will be assessed a 10% surcharge for all fees.

** In determining costs, all construction shall be included with the exception of heating, air conditioning, electrical, or plumbing work.

¹ In determining the square footage of a project, the square footage of all basements, attached garages or carports, and roofed over decks or porches shall be included.

COMMERCIAL (only):	2024 Fees
<p>PLAN ENTRY FEES A plan entry fee is charged with <u>each</u> submittal of plans in addition to the plan review & inspection fees.</p>	\$100.00
<p>PLAN REVIEW FEES</p> <ul style="list-style-type: none"> • Plumbing Plans for <u>New Construction & Additions</u> <ul style="list-style-type: none"> ○ 3,001 – 4,000 sq ft ○ 4,001 – 5,000 sq ft ○ 5,001 – 6,000 sq ft ○ 6,001 – 7,500 sq ft ○ 7,501 – 10,000 sq ft ○ 10,001 – 15,000 sq ft ○ 15,001 – 20,000 sq ft ○ 20,001 – 30,000 sq ft ○ 30,001 – 40,000 sq ft ○ 40,001 – 50,000 sq ft ○ 50,001 – 75,000 sq ft ○ Over 75,000 sq ft + • Plumbing Plan for <u>Alteration & Remodeling</u> <ul style="list-style-type: none"> ○ 10 – 25 Fixtures ○ 26 – 35 Fixtures ○ 36 – 50 Fixtures ○ 51 – 75 Fixtures ○ 76 – 100 Fixtures ○ 101 – 125 Fixtures ○ 126 – 150 Fixtures ○ 151 or more Fixtures • <u>Resubmittals & Revisions to Approved Plans</u>, when deemed by the reviewer to be a minor revision from previously reviewed and/or approved plans. <i>(Any significant changes or alterations beyond minor amendments as determined by the Plans Examiner and Building Inspection Department may result in additional charges as appropriate.)</i> • <u>Submittal of Plans after Construction</u>, where plans are submitted after construction a standard late submittal fee will be assessed per each review type that occurred after construction. This is in addition to any other plan entry fees, structural components and base fees applied to a project. • <u>Expedited Priority Plan Review</u>, when expediting the completion plan review in less than the normal processing time of when the plan is considered ready for review. <i>(Within 5 business days of when we received Plans.)</i> 	<p style="text-align: center;"><i>\$300.00 minimum</i></p> <p style="text-align: center;">\$400.00 \$550.00 \$650.00 \$700.00 \$850.00 \$900.00 \$950.00 \$1,100.00 \$1,250.00 \$1,550.00 \$2,100.00 \$2,500.00 + \$0.0072/per additional sq ft over 75,000 sq ft</p> <p style="text-align: center;"><i>\$200.00 minimum</i></p> <p style="text-align: center;">\$300.00 \$450.00 \$550.00 \$800.00 \$900.00 \$1050.00 \$1,150.00 \$1,150.00 + \$160.00/per additional 25 fixtures beyond 150 fixtures</p> <p style="text-align: center;">\$75.00</p> <p style="text-align: center;">\$250.00/per review type</p> <p style="text-align: center;">200% of the fees specified in provisions</p>
<p><i>Fees relating to the submittal of commercial plumbing (new construction and addition) are computed based on the total gross of each floor area of each building, or area of addition.</i></p>	
<ol style="list-style-type: none"> 1. <i>New construction, alterations and remodeling fees are based on the prices above.</i> 2. <i>The new construction fee is calculated based on square footage of the area constructed.</i> 3. <i>Alterations and remodeling fee is based on the number of plumbing fixtures.</i> 	
<p><i>Determination of Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories, and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies.</i></p>	

Plumbing**
Fee Schedule

2024

Section 6, Item G.

City of Wausau
 City of Schofield*

ALL	2024 Fees
<p>INSPECTION FEES</p> <ul style="list-style-type: none"> • New or Reconstructed Water Service or Private Water Main (From Curb Stop, 2 inch or less) <ul style="list-style-type: none"> ○ Each 100 feet or fraction thereof. ○ For each additional inch in diameter • New or Reconstructed Sanitary Building Sewer or Private Sewer Main (From main, curb or lot line, any size) <ul style="list-style-type: none"> ○ Each 100 feet or fraction thereof. • Catch Basin • Manhole • Retention/Infiltration Area • For each fixture or fixture connection <ul style="list-style-type: none"> ○ 1- and 2-Family Dwelling ○ Commercial Building <p><i>Fixtures, appliances and appurtenances shall include but not be limited to: bar connections, bathtubs, buried lawn sprinklers, catch basins, CCC assembly, dental cuspidors, dishwashers, disposals, drain tile receivers, drink dispensers, drinking fountains, fire protection installation, floor drains, footing or subsoil drain discharge points, garbage grinders, grease and oil separators, ice cube machines, inside roof drains, laundry tubs, mobile home connections, private sewage disposal, pumps and ejectors, service sinks, shower stalls, sinks, site drains, soda fountains, sumps, swimming pools, urinals, wash basins, water closets, all types water conditioning units, all types water heaters, water or waste connection to any appliance, water or waste connection to machines, water wells and injection equipment, water-cooled air conditioners and connections, water-cooled motor connections, water-cooled refrigerators, and yard drains.</i></p> <ul style="list-style-type: none"> • New or Reconstructed Water Distribution Piping (Any size) <ul style="list-style-type: none"> ○ Each 100 ft or fraction thereof. • New or Reconstructed Building Drain, Soil Waste, Vent Piping, or Downspouts (Any size) <ul style="list-style-type: none"> ○ Each 100 ft or fraction thereof. • Water Distribution and Drain Piping for Manufacturing Processes <ul style="list-style-type: none"> ○ Each 100 ft or fraction thereof. • Private Sewage Disposal System • Clear Water Pit & Pump • Swimming Pool • Private Water Well (5-Year Permit issued by Wausau Water Works) • To Abandon Water or Sewer Systems when Wrecking or Moving a Building • To Abandon a Private Well and/or Septic System 	<p>\$53.00/~100 ft +\$10.30/additional inch</p> <p>\$53.00/~100 ft</p> <p>\$10.25</p> <p>\$10.25</p> <p>\$25.00/2,000 sq ft</p> <p>\$10.25/fixture \$10.75/fixture</p> <p>\$15.50/~100 ft</p> <p>\$15.50/~100 ft</p> <p>\$15.50/~100 ft</p> <p>\$50.00</p> <p>\$50.00</p> <p>\$50.00</p> <p>\$100.00</p> <p>\$55.00</p> <p>\$55.00</p>
<p>SPECIAL FEES</p> <ul style="list-style-type: none"> • Administrative Fee (application not completed/additional review required) • Minimum Permit Fee <ul style="list-style-type: none"> ○ Projects requiring only 1 inspection ○ Projects requiring more than 1 inspection 	<p>\$10% of Permit Fee or \$30 minimum</p> <p>\$63.50 \$79.50</p>

Plumbing**
Fee Schedule

2024

Section 6, Item G.

City of Wausau
 City of Schofield*

ALL (Continued)	2024 Fees
SPECIAL FEES (CONTINUED)	
<ul style="list-style-type: none"> • Same Day or Re-Inspection Fee 	\$79.50
<ul style="list-style-type: none"> • Failure to Obtain Permit prior to Commencement of Work, starting work without State Approved Plans (Payment of any fee in this subsection shall in no way relieve any person of the penalties that may be imposed for violation of this chapter.) 	Triple Fees
<ul style="list-style-type: none"> • Excavation Permit Fee 	\$67.00

Notes:

* **Projects outside the City of Wausau limits will be assessed a 10% surcharge for all fees.**

**Plumbing fees shall be paid under Chapter 19.12.030, respectively.

ONE- & TWO-FAMILY:	2024 Fees
INSPECTION FEES	
• New 1- and 2-Family Dwellings	\$0.11/sq ft ¹
• Additions, Alterations, and/or Rewiring of Existing to 1- and 2-family dwellings (including garages)	\$0.14/sq ft ¹ or \$67.00 minimum
• Attached or Detached Garages	\$0.075/sq ft ¹
• New Service Only for Existing 1- and 2-Family Dwellings	\$67.00
COMMERCIAL, INDUSTRIAL, & MULTI-FAMILY:	2024 Fees
INSPECTION FEES	
• New Construction of Apartments (3-Family and more), Row Housing, and Multi-Family Dwellings (or additions thereto)	\$0.088/sq ft ¹
• New Construction of Local Business, Institutional, and Office Buildings (or additions thereto)	\$0.098/sq ft ¹
• New Construction of Manufacturing and Industrial Buildings (or additions thereto)	\$0.072/sq ft ¹
• New Construction of Warehouses (or additions thereto)	\$0.062/sq ft ¹
• Electric Sign Wiring (any size)	\$90.00/sign
• Service Changes for Industrial, Commercial, and Multi-Family Structures	
○ 200 Amps, one meter	\$85.50
○ 400 Amps, one meter	\$101.00
○ 600 Amps, one meter	\$118.50
○ 800 Amps, one meter	\$134.00
○ 1,000 Amps and Over, one meter	\$149.50
○ Additional meters	+ \$11.50/meter
• PV (Photovoltaic) Systems	
○ Residential	\$216.00
○ Commercial, 7½ KW or less	\$231.75
○ Commercial, more than 7½ KW	\$340.00
• Lighting / Emergency Lighting	
○ Testing Fee	\$140.00
ALL:	2024 Fees
SPECIAL FEES	
• Special Inspections other than the ones listed above	\$67.00
• Administrative Fee (application not completed/additional review required)	\$10% of Permit Fee or \$30.00 minimum
• Minimum Permit Fee	
○ 1- and 2-Family Dwellings	\$67.00
○ Commercial, Industrial, and Multi-Family Dwellings	\$79.50
• Same Day or Re-Inspection Fee	\$79.50
• Failure to Obtain Permit prior to Commencement of Work. (Payment of any fee in this subsection shall in no way relieve any person of the penalties that may be imposed for violation of this chapter.)	Triple Fees

Notes:

***Projects outside the City of Wausau limits will be assessed a 10% surcharge for all fees.**

**Electrical fees shall be paid under Chapter 18.05.07, respectively.

¹ In determining the square footage of a project, the square footage of all basements, attached garages or carports, and roofed over decks or porches shall be included.



EFFECTIVE DATE: **October 16, 2023**

FEE SCHEDULE

VILLAGE OF WESTON

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CLERK

VILLAGE CLERK

Pam Brehm
 (715) 241-2626
pbrehm@westonwi.gov

CLERKS DEPARTMENT
 (715) 359-6114
clerks@westonwi.gov

All credit/debit card transactions shall incur a 3.25% + \$1.00 convenience fee.
 E-check transactions shall incur a \$.50 convenience fee.

ANIMAL LICENSING FEES

Class	Fee Description	Fee
Animal Fancier	Foster Animal Rescue	NO FEE
	All Other Uses, Annual Fee	\$20.00 + Animal License Fee/Animal
Backyard chickens on residential lots	Annual Fee	\$35
Commercial Animal Establishment	Non-Municipal Animal Shelter	NO FEE
	Pet Shops/Store, Annual Fee	\$100.00
	All Other Uses, Annual Fee	\$100.00
Cats and Dogs	Unaltered, Annual Fee (Prior to March 31)	\$25.00
	Unaltered w/ Microchip, Annual Fee (Prior to March 31)	\$20.00
	Spayed/Neutered, Annual Fee (Prior to March 31)	\$15.00
	Spayed/Neutered w/ Microchip, Annual Fee (Prior to March 31)	\$10.00
	Juvenile (under 1 year of age) w/ or w/o Microchip	\$10.00
	Late Fee (After March 31)	\$5.00
Kennel License	Annual Fee	\$100.00
Dangerous Animal License		\$75.00

BUSINESS LICENSING FEES

Class	Fee Description	Fee
Adult Orientated Establishment	Annual Fee	\$1000.00
Adult Escort	Annual Fee	\$300.00
Alcohol/Liquor	Class A Beer License	\$350.00
	Class A Combination Beer and Liquor	\$600.00
	Class B Beer License	\$100.00
	Class B Combination Beer and Liquor	\$600.00
	Class B Reserve Liquor	\$10,000.00
	Provisional Class A Beer, A Liquor, B Beer and B Liquor	\$15.00
	Class C Wine	\$100.00
	Temporary Class "B" (Picnic), Beer	\$10.00
	Temporary Class "B" (Picnic), Wine	\$10.00
	Operator/Bartender	New Application
Renewal		\$40.00
Provisional		\$15.00
Temporary		\$10.00
Cigarette	Annual Fee	\$100.00
Direct Sellers	Year	\$200.00
	6-Months	\$100.00
	Month	\$50.00

	Week	\$20.00
	Daily	\$5.00
Hotel/Motel Establishment	Annual Fee	\$150.00
Junk/Salvage Yard	Annual Fee	\$300.00
Manufactured Home Park	Annual Fee	\$100.00 + \$2.00/lot over 50 lots
Mobile Food Vendor	Annual Fee	\$25.00
Pawnbroker	Annual Fee	\$210.00
	Billable Transaction	\$1.50/Transaction
Secondhand Article Dealers	Annual Dealer's Fee	\$27.50
	Annual Dealer Mall/Flea Market Fee	\$165.00
	Annual Secondhand Jewelry Dealer's Fee	\$30.00

WEIGHTS AND MEASURES

Class	Fee Description	Fee
Scales	Light Capacity Scale	\$5.00/device
	Medium Capacity Scale	\$10.00/device
	Heavy Capacity Scale	\$15.00/device
	Scanner	\$0.25/device
	Liquid Measuring Device	\$10.00/device
	High Speed Diesel Pump 20 gpm	\$15.00/device
	High Speed Diesel Pump 30 gpm	\$15.00/device
Penalties	Penalty for Non-Registered Devices	Additional \$25.00/device

OTHER SPECIAL FEES

Class	Fee Description	Fee
Public Record Requests,	Assessment Letters	\$40.00/Request
	General Copy (Black and White)	\$.0135/Copy + Tax
	General Copy (Color)	\$/ .0632Copy + Tax
	Digital to Physical – DVD	\$0.13 (4.7 GB)
	Digital to Physical – Flash Drive	\$5.02 (8GB)
	Digital to Physical – Flash Drive	\$6.53 (16GB)
	Digital to Physical – Flash Drive	\$10.08 (32GB)
	Digital to Physical – Flash Drive	\$18.52 (64GB)
	Digital to Physical – Flash Drive	\$32.21 (128GB)
	Digital to Physical – Flash Drive	\$53.81 (500GB)
	Digital to Physical – Flash Drive	\$60.14 (1TB)
	Digital to Physical – Flash Drive	\$74.83 (2TB)
	Location Fees (can only charge if cost to locate is \$50 or more)	\$22.54/Hr.
	Paper to Digital and Digital to Digital	No charge
Garbage and Recycling	45/95-Gallon Collection, Annual Fee	\$167.00
	Garbage Bag Sticker	\$1.50
Room Tax	Imposed on fees received for furnishing rooms to transients	8% of gross receipts
Cable Franchise Fee	Imposed on gross revenue to each cable or video service provider	4% of gross revenue

DEPARTMENT OF PARKS, RECREATION AND FORESTRY

PARKS, RECREATION AND FORESTRY

DIRECTOR

Shawn Osterbrink
 (715) 359-9988 (Park Office)
sosterbrink@westonwi.gov

All credit card transactions shall incur a 2.5% convenience fee, up to a maximum of \$5.00.

AQUATIC CENTER FEES

Class	Fee Description	Fee
Daily Pass	Youth/Adult	\$5.00
	Senior Citizen (Age 62+)	\$2.00
	After 5:00PM (All Ages)	\$2.00
	Group Rate (50+)	\$3.00
Swim Lessons	Resident	\$35.00
	Non-Resident	\$40.00
Season Pass Fees	Individual, Resident	\$59.00
	Individual, w/ Rothschild, Resident	\$79.00
	Individual, Non-Resident	\$79.00
	Individual, w/ Rothschild, Non-Resident	\$99.00
	Family (up to 5), Resident	\$130.00
	Family (up to 5), w/ Rothschild, Resident	\$170.00
	Family (up to 5), Non-Resident	\$150.00
	Family (up to 5), w/ Rothschild, Non-Resident	\$190.00
	Senior Citizen (Age 62+), Resident	\$25.00
	Senior Citizen (Age 62+), Non-Resident	\$50.00
	Early Bird, Family (up to 5), Resident (up to 2 weeks prior to opening)	\$110.00
	Early Bird, Family (up to 5), Resident w/ Rothschild (up to 2 weeks prior to opening)	\$150.00
	Early Bird, Family (up to 5), Non-Resident (up to 2 weeks prior to opening)	\$130.00
Early Bird, Family (up to 5), Non-Resident w/Rothschild (up to 2 weeks prior to opening)	\$170.00	
Mid-Season, Family (up to 5)		\$70.00
	Mid-Season, Family (up to 5), w/ Rothschild	\$90.00
Birthday Party	Minimum of 6 people	\$8.00/Person
Pool Rental (includes Rothschild) 8:30PM – 9:30PM or 8:30PM – 10:30PM time slots only.	1 – 50 People w/ Water Slide	\$150.00/Hour
	51 – 75 People w/ Water Slide	\$175.00/Hour
	76 – 100 People w/ Water Slide	\$200.00/Hour
	Over 100 w/ Water Slide	\$200.00 + \$2.00/Person x 1-2 Hours
Programs	Water Aerobics	\$4.00
Special Events	Teen Night – General Public	\$4.00
	Teen Night – Season Passholder	\$2.00

PARK AND FACILITY RENTAL FEES

Class	Fee Description	Fee
Facility Rental (Kennedy Hall)	Security Deposit – Always	\$50.00
	Private Party, Resident	\$75.00
	Private Party, Non-Resident	\$125.00
	Public Party	\$85.00

	Non-Profit Party, Resident	NO FEE
	Non-Profit Party, Non-Resident	\$75.00
	Weston Based Youth, Children or Senior Citizen Group	NO FEE
Park Shelter Rental	Standard Security Deposit	\$25.00
	Business Security Deposit	\$50.00
	Family/Group Gatherings, Resident	\$60.00 + Tax
	Family/Group Gatherings, Non-Resident	\$85.00 + Tax
	Non-Profit, Resident	\$60.00 + Tax
	Non-Profit, Non-Resident	\$110.00 + Tax
	Business, Resident	\$160.00 + Tax
	Business, Non-Resident	\$310.00 + Tax

DEPARTMENT OF PLANNING AND DEVELOPMENT

DIRECTOR/ZONING ADMINISTRATOR

Jennifer Higgins
 (715) 241-2638
jhiggins@westonwi.gov

ASSISTANT PLANNER

Aaron Anklam
 (715) 241-2639
aanklam@westonwi.gov

BUILDING INSPECTOR

Jayson "Roman" Maguire
 (715) 359-6114
rmaguire@westonwi.gov

PLANNING & DEVELOPMENT DEPARTMENT

(715) 241-2613
plandev@westonwi.gov

PLANNING TECHNICIAN

Valerie Parker
 (715) 241-2607
vparker@westonwi.gov

Please note:

All fees within this section also pertain to the joint Town and Village of Weston Extraterritorial Zoning (ETZ) Area.

Failure to obtain and file a permit or application shall result in a stop work order and the permit fees are TRIPLED. Please visit The Planning and Development Department's Permits and Applications page for permit applications and details at www.westonwi.gov/permits. Permit & planning related applications may be applied for online at www.westonwi.gov/epermits. If you have questions or would like to schedule appointments for inspections, please email plandev@westonwi.gov or call 715-241-2613.

All credit/debit card transactions shall incur a 3.25% + \$1.00 convenience fee.

E-check transactions shall incur a \$.50 convenience fee.

PUBLIC HEARING FEES

Class	Fee Description	Fee
Rezoning (Village and ETZ):	Map Amendment (Includes PD & N)	\$250.00
	Text Amendment	\$200.00
Comprehensive Plan:	Map Amendment	\$350.00
	Map Amendment with Rezone Map Amendment	\$500.00
	Text Amendment	\$200.00
	Text Amendment with Rezone Text Amendment	\$350.00
Conditional Use:	New Residential	\$250.00
	New Non-Residential (Includes Multiple Family Dwelling Units)	\$250.00 + \$10.00/Acre over 10 Acres
	Amendment to Conditional Use Permit	\$250.00
	Appeal of Decision to the Village Board	\$250.00
Discount:	Site Plan, Rezone and/or Conditional Use Combination	(-\$100.00)
Zoning Board of Appeals:	Variance	\$400.00
	Interpretation	\$250.00
	Appeal of Decision	\$400.00
Miscellaneous:	Street Vacation	\$500.00
	Annexation	\$250.00
	Annexation (ETZ only, no change in zoning/comp plan)	\$100.00

LAND DIVISION FEES

Class	Fee Description	Fee
Certified Survey Map:	Plat of Survey	No Charge
	Standard Certified Survey Map (Village & ETZ)	\$50.00

	Certified Survey Map with Street Dedication (PC, PIC and Board) – (Village & ETZ)	\$250.00
Condo Plat Review:	Condo Plat Review – 3 or less units	\$50.00
	Condo Plat Review – 4 or more units	\$150.00 +
		\$10.00/unit over 20
Subdivision Plat Review:	Concept Plat Review	\$100.00
	Preliminary Plat Review	\$300.00 +
		\$10.00/Lot over 20
	Final Plat Review	\$150.00 +
		\$10.00/Lot over 20
Park & Recreation Impact Fees:	Amendment or Revision	\$250.00/Revision
	Single Family Residence	\$300.00/Residential Unit
	Two-Family & Multiple family Residence	\$250.00/Unit

COMMERCIAL PERMIT FEES

Class	Fee Description	Fee
Zoning and Occupancy:	Zoning Permit	Included in Fees
	Occupancy Inspection and Certificate	\$50.00
	Add On: Occupancy Re-Inspection (3+ inspections)	+\$50.00
Site Plan Review:	Accessory Structure Plan Review	\$100.00
	Architectural Review	\$100.00
	Landscape Plan Review	\$100.00
	Parking Lot Plan or Drainage Review (includes Landscaping)	\$200.00
	Building Addition (Under 50% of existing building)	\$300.00
	New Construction – Staff Review Only	\$500.00
	New Construction – Plan Commission Review	\$600.00
	New Construction – Large Retail/Commercial Services (Plan Commission Review and Conditional Use Permit included)	\$750.00 + \$10.00/Acre over 10 Acres
	New Construction - Large Retail/Commercial Services over 75,000 ft ² (Plan Commission Review and Conditional Use Permit included)	\$900.00 + \$10.00/Acre over 10 Acres
	Add On: Plan Commission Review	\$100.00
Early Start Permit:	Footings and Foundation	\$200.00
Building Permit:	All Projects	\$.10/ft ²
	Minimum Fee	\$100.00
	Maximum Fee	\$5,000.00
Drainage Review:	Multiple Family Dwelling Units (3+ units)	\$200.00
	Multiple Family Dwelling Units (3+ units) (Over 1 acre)	\$300.00
	Commercial and Industrial	\$200.00
	Commercial and Industrial (Over 1 acre)	\$300.00
Plumbing:	Fee	\$100.00
Electrical:	Minimum Fee	\$100.00
	Maximum Fee	\$5,000.00
	Multi-family (over 2 units) (new, additions & remodel)	\$0.08 per sq. ft. plus service size fee & additional metering fee (per meter) – (Minimum fee \$100)
	Local Business, Institutional & Office Buildings (new, additions & remodel)	\$0.09 per sq. ft. plus service size fee & additional metering fee (per meter) –

		(Minimum fee \$100)
Manufacturing & Industrial Buildings (new, additions & remodel)		\$0.05 per sq. ft. plus service size fee & additional metering fee (per meter) – (Minimum fee \$100)
Warehouses (new, additions & remodel)		\$0.04 per sq. ft. plus service size fee & additional metering fee (per meter) – (Minimum fee \$100)
Service Change – 200 AMPS, Single Meter		\$95.00
Service Change – 400 AMPS, Single Meter		\$95.00
Service Change – 600 AMPS, Single Meter		\$95.00
Service Change – 800 AMPS, Single Meter		\$115.00
Service Change – 1,000+ AMPS, Single Meter		\$140.00
Add On: Multiple Metering		+\$10.00/Meter
Inspection Fee per Inspection (rounded up to nearest hour)		\$100.00/Hour
Solar Photovoltaic (PV)	Commercial Small (7.5 KW and less)	\$200
	Commercial Large (over 7.5 KW)	\$300
HVAC:	All Projects	\$100.00
Roofing:	All Projects	\$100.00
Cell Tower/Site Modifications	New – requires site plan approval	Permit included in site plan review fees
	Antennae & Electrical changes	\$150
Signs:	Permanent, Wall Signs	\$25.00 + \$1.00/ft ² over 50 ft ²
	Permanent, Freestanding Signs (Single Business)	\$50.00 + \$1.00/ft ² over 50 ft ²
	Permanent, Development Signs (Multiple Businesses)	\$100.00 + \$1.00/ft ² over 100 ft ²
	Permanent, Development Sign Panel Replacement	\$25.00/Business
	Sandwich/Pedestal Sign	\$25.00
	Face Copy Replacement Only, Existing Business	No Charge
	Add On: Electrical Inspection, New Signs/Lighting Upgrades/VMS	+\$25.00/Sign
	One-Time Use Sign (60-day use max), Non-Residential	\$25.00/Sign
Parking Lots:	Repaving/Resurfacing/Restriping	Permit included in site plan review fees.

RESIDENTIAL PERMIT FEES

Class	Fee Description	Fee
Zoning and Occupancy:	Zoning/Pre-Application Permit	Included
	Occupancy Inspection and Certificate	Included
	Add On: Occupancy Inspection (3+ inspections)	+\$75.00
Early Start Permit:	Footings and Foundations	\$100.00
Building Permit:	Plan Review - New One and Two-Family Residence (Includes Finished Floor Area and Garage Area)	\$300.00 + \$10.00/100 ft ² over 1,500 ft ²
	Inspection Fees - New One and Two-Family Residence (Includes Finished and Unfinished Floor Area and Garage Area)	\$600.00 + \$20.00/100 ft ² over 1,500 ft ²
	Add On: State of Wisconsin UDC Seal	\$40.00
	Manufactured Home Installation	\$200.00

1 & 2 Family Interior Remodel	\$75.00 + \$20.00/100 ft ² over 200 ft ² plus all plumbing, electric and HVAC fees if applicable
Add On: Plumbing Inspection, Non-Structural/Structural Remodel	\$40.00
Add On: Electrical Inspection, Non-Structural/Structural Remodel	\$40.00
Add On: HVAC, Non-Structural/Structural Remodel	\$40.00
Home Additions (Includes Plumbing, Electrical and HVAC)	\$200.00 + \$20.00/100 ft ² over 200 ft ²
Attached Garage Addition (Principal Structure) (Includes Electrical, Plumbing and HVAC)	\$100.00 + \$20.00/100 ft ² over 200 ft ²
Re-Roofing, Siding, Soffit and Fascia	\$50.00
Electrical:	Electrical Service Upgrade/Relocate \$55.00
	Re-wiring/Circuit Extension/New Circuit – per circuit \$30.00
Solar Photovoltaic (PV)	Residential Systems \$200
Plumbing:	Plumbing as Defined by the State of WI \$30.00
HVAC:	Installing/Replacing of Fireplace/Wood Stove unit \$30.00/Unit
Completion Surcharge:	Single Family Detached and Two-Family Residence \$1,000.00
<i>*Returned after completion and final inspection of both site and building.</i>	
Drainage Review:	Single Family Detached Residence \$100.00
	Two-Family Residence \$150.00
In-Home Business:	Home Occupation Permit \$25.00
	Home Occupation Permit, Conditional Use \$250.00
	Residential Business Permit, Conditional Use \$250.00

MISCELLANEOUS PERMITS FEES

Class	Fee Description	Fee
Accessory Structure:	Under 150 ft ² , Residential	\$30.00
	150 to 199 ft ² , Residential	\$60.00
	200 to 500 ft ² , Residential	\$120.00
	Over 500 ft ² , Residential	\$120.00 + \$0.20/ft ² over 500 ft ²
	Accessory Structure, Non-Residential (Up to 2,000 ft ²)	\$100.00 + \$0.20/ft ² over 1000 ft ²
	Add On: Plan Commission Review	+\$100.00
	Add On: Plumbing Inspection, Accessory Structure	+\$30.00
Driveway:	Add On: Electrical Inspection, Accessory Structure	+\$30.00
	Add On: HVAC, Accessory Structure	+\$30.00
Deck:	New, Residential	\$75.00
	Resurfacing or Expansion, Residential (Excludes Seal Coat)	\$35.00
Fence:	New	\$75.00
	Repair/Alteration (Not including re-decking with like material)	\$35.00
In-Ground Sprinkler:	Residential	\$30.00
	Commercial, Institutional and Industrial	\$50.00
Swimming Pool:	Residential	\$50.00
	- Commercial, Institutional and Industrial	\$100.00
Swimming Pool:	Portable, Removed Annually	No Fee
	Permanent, Above Ground	\$50.00
	Permanent, In-Ground	\$100.00
	Hot Tub, Indoor/Outdoor, Residential	\$30.00
	Commercial Pool Indoor/Outdoor	\$200.00

	Commercial Hot Tub Indoor/Outdoor	\$200.00	
Demolition:	Principal Structure	\$100.00/Structure	
	Accessory Structure	\$50.00/Structure	
	Manufactured Homes	\$50.00/Structure	
Shoreland:	Shoreland Grading	\$220.00	
	Shoreland Grading, Waterfront	\$300.00	
	Cutting Vegetation	\$30.00	
	Shoreland Zoning Permit	\$100.00	
Shoreland Restoration:	1 to 500 ft ²	\$150.00	
	501 to 1500 ft ²	\$250.00	
	1500+ ft ²	\$350.00	
Ponds:	Decorative	No Fee	
	Groundwater Pond	\$220.00	
	Diked Pond	\$275.00	
	Stock Pond	\$50.00	
Special Exception:	Sign Permit	\$100.00 + cost of sign permit	
Temporary Use Permits	Outdoor Sales	\$25.00	
	Outdoor Sales, Non-Profit	No Fee	
	Outdoor Assembly or Special Event	\$100.00	
	Contractor's Project Office	\$25.00	
	Contractor's On-Site Equipment Storage Facility	\$25.00	
	On-Site Real Estate's Office	\$25.00	
	Relocatable Building	\$25.00	
	Season Outdoor Sales of Farm Products (Includes Christmas Trees)	\$25.00	
	Portable Storage Containers (Pods)	\$25.00	
	Shelter	\$25.00	
	Unscreened Outdoor Storage Accessory to Industrial Use	\$25.00	
	Add On: Police Department Background Check	+\$25.00	
	Add On: Use of Tent	+\$25.00	
Add On: Plan Commission Review	+\$100.00		
Miscellaneous:	Ditch Grade	\$40.00/Hour	
	Fire/House Number Sign	\$50.00	
	Floodplain Zoning Permit	\$100.00	
	Permanent Sign, Residential	\$25.00	
	Snow Shovel/Fine	\$100 + Cost	
	Lawn Mowing/Fine	\$100 + Cost (1 st Letter)	
		\$150 + Cost (2 nd Letter)	
		\$200 + Cost (3 rd Letter)	
		\$250 + Cost (4 th Letter)	
		\$100	
Streets and Public Property:	Special Event on Public Property	\$100.00	
	Add On: EMPD Assistance	+\$70.00/hour (2-hour minimum)	
	Moving Permit, Principal Structures through Village	\$150.00	
	Moving Permit, Principal Structures into Village (PC Approval)	\$200.00	
	Moving Permit, Accessory Structures, Wide Load	\$50.00	
	Road Excavation, Utility	\$75.00	
	Road Excavation, Other	\$150.00	
	Street Privilege for Construction Materials, 30-days	\$100.00	
	Zoning Compliance Letter:	Residential	\$20.00
		Non-Residential	\$100.00
Paper Copies and Look-Ups:	Copy of Building Permit	\$0.0135/Page + tax (black & white)	
		\$0.0632/Page + tax (color)	
	Copy of Subdivision Code	\$10.00 + Tax	

	Copy of Zoning Code	\$20.00 + Tax
	Copy of Village Map (8.5" x 11")	\$0.0135/Page + tax (black & white)
		\$0.0632/Page + tax (color)
	Copy of Village Map (11" x 17")	\$0.0135/Page + tax (black & white)
		\$0.0632/Page + tax (color)
	Copy of Black and White Village Maps (36" x 42")	\$5.00 + Tax
	Copy of Colored Village Maps (36" x 42")	\$11.00 + Tax
GIS Services:	Elevations, 2ft Contours	\$100/Section
	Aerials, Color	\$150.00/Section
	Miscellaneous Digital Data	\$25.00/Shapefile
	Labor	\$40.00/Hour
	Data on Flash Drive (1 GB)	\$5.00/Drive

MUNICIPAL UTILITIES

DIRECTOR OF PUBLIC WORKS

Michael Wodalski
 (715) 241-2636
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DEPUTY DIRECTOR OF PUBLIC WORKS

Dan Raczkowski
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UTILITY SUPERINTENDENT

Josh Swenson
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METER RATES AND FEES

Class	Fee Description	Fee	
Sewer Meter Hookup	5/8" and 3/4" Meter	\$500.00	
	1" Meter	\$1,250.00	
	1 1/2" Meter	\$2,500.00	
	2" Meter	\$4,000.00	
	3" Meter	\$7,500.00	
	4" Meter	\$12,500.00	
	6" Meter	\$25,000.00	
Lateral Inspections	Water	\$10.00/Lateral	
	Sewer	\$35.00/Lateral	
Sewer Base Rates	5/8" and 3/4" Meter	\$33.00/Quarter	
	1" Meter	\$98.50/Quarter	
	1 1/2" Meter	\$197.00/Quarter	
	2" Meter	\$328.00/Quarter	
	3" Meter	\$754.00/Quarter	
	4" Meter	\$1,344.00/Quarter	
	6" Meter	\$3,016.00/Quarter	
	Volume Rate	+\$3.45/1,000gal of Metered Water	
		Wastewater BOD's Exceeds 250 mg/L	*Additional Charges
		Wastewater Suspended Solids Exceeds 250 mg/L	*Additional Charges
	Sanitary Sewer Connection w/o Metered Water Connection (Minimum)	\$92.50/Quarter	
Private Well Permit	Cross Connection Inspection	\$75.00	
	Water Sample/Additional Water Samples	\$60.00	
Water Rates and Fees	Public Service Commission Website – Weston Water Utility	See PDF	
Stormwater	1 ERU	\$17.50	
	*Single Family Home = 1 ERU		
	*Duplex = 0.7 ERU per unit (1.4 ERU total)		
	*All non-residential properties charged based on 1 ERU = 3,338 Square Feet of Impervious Area		

SAFER FIRE DEPARTMENT

FIRE CHIEF

Josh Finke
 (715) 355-6763
jfinke@saferdistrict.org

Deputy Fire Chief

Eric Lang
 (715) 355-6763
elang@saferdistrict.org

EMERGENCY MEDICAL SERVICES FEES

Class	Fee Service Description	Fee
Emergency Medical Services	BLS Emergency-Resident	\$900.00
	BLS Emergency-Non-Resident	\$1,050.00
	ALS Emergency-Resident	\$1,075.00
	ALS Emergency Non-Resident	\$1,225.00
	ALS 2-Resident	\$1,475.00
	ALS 2-Non-Resident	\$1,625.00
	SCT-Resident	\$1,475.00
	SCT-Non Resident	\$1,625.00
	NICU	\$3,000.00
	Intercept	\$225.00
	No Transport BLS Resident	\$425.00
	No Transport BLS Non Resident	\$500.00
	No Transport ALS Resident	\$425.00
	No Transport ALS Non Resident	\$500.00
	BLS Care at Standby Event	\$50.00
	ALS Care at Standby Event	\$100.00
	Mileage-Resident	\$19.00
	Mileage-Non Resident	\$19.00
	Mileage IFT	\$19.00
	Oxygen	\$65.00
	EMS Standby-Ambulance	\$100.00/hr
	EMS Standby-SUV/UTV	\$75.00
	Wait Time	\$100.00
	Fire Standby (Engine or Truck crew of 3)	\$350.00
	Haz Mat Response/Large Fuel Spill Cleanup	\$500.00/per truck per hr. \$25/ per FF hr.
	Fire Inspection 3rd and Subsequent	\$30.00
	Crash Response	\$500.00
	CPR Full	\$50.00
	CPR Refresher	\$35.00
	ACLS Full	\$150.00
	ACLS Refresher	\$75.00
	ACLS-EP	\$700.00
	PALS Full	\$150.00
	PALS Refresher	\$75.00
	PHTLS Full	\$275.00
	PHTLS Refresher	\$100.00
	CPR/First Aid	\$50.00
	EMS/Fire Report Admin Fee	-
	False Fire Alarms (30 Day Period)	-
	First and Second Alarms	No Fee
Third and Fourth Alarms	\$55.00	
Fifth thru Eighth Alarms	\$400.00	

Ninth and Subsequent Alarms

\$800.00

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	Effective September 4, 2024	
			2023 Fee	2024 Fee Last Updated
Liquor License				
308-5 (A)	Class "A" Beer License		\$150.00	\$150.00
308-5 (A)	"Class A" Liquor		\$250.00	\$250.00
308-5 (A)	Class "B" Beer		\$100.00	\$100.00
308-5 (A)	"Class B" Liquor		\$300.00	\$300.00
308-5 (A)	"Class C" Wine		\$100.00	\$100.00
308-5 (C)	6 month License		\$50.00	50% of regular cost
308-16	Temporary Class "B" /per event		\$10.00	\$10.00
308-4(F)(2)	Foreiture-Temporary Class "B" Beer License	Anyone fronting group other than applicant	\$200.00	\$200.00
308-17 (E)	Outdoor Alcohol Beverage Permit			
		Initial Application	\$100.00	\$100.00
		Yearly Renewal	\$25.00	\$25.00
308-5 (A)	Publication Fee for Above		\$30.00	\$30.00
		Yearly Renewal	\$15.00	\$15.00
				2022
				2023
				2024
Operators License				
308-20 (D)(1)	2 year		\$50.00	\$50.00
308-20 (D)(1)	1 year		\$32.00	\$32.00
308-20 (D)(1)	Renewal	Same as original license fee		
	Duplicate		\$5.00	\$5.00
	Replacement		\$15.00	\$15.00
308-20 (D)(2)	Provisional-60 day		\$15.00	\$15.00
308-16 (E)	Temporary		\$15.00	\$15.00
				2020
Cigarette License				
221-2	1 year-July 1 to June 29		\$25.00	\$25.00
Public Entertainment License				
252-4(B)(1)	Carnivals		\$50.00	\$50.00
252-4(B)(1)	Circuses		\$50.00	\$50.00
252-4(B)(1)	Public entertainment:		\$10 per day, \$25 per week	\$10 per day, \$25 per week
252-4(B)(2)	Non-profit		No Charge	No Charge
Escort Service License Fee				
258-5	Application to Operate Service		\$100.00	\$100.00
258-6	Annual renewal		\$100.00	\$100.00
Amusement Devices				
175-2 (B)	Per Device		\$10.00	\$10.00
175-2 (B)	Operator's Fee (Bar Owner)		\$25.00	\$25.00
175-2 (A)	Amusement Device Owner's License fee		\$25.00	\$25.00

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	2023 Fee	Effective September 4, 2024 2024 Fee Last Updated
233-4 (C)(1)	Solicitors/Direct Seller Permit Registration	Valid for 6 months	\$50.00	\$50.00
277-1 (B)	Flea Market Annual		\$50.00	\$50.00
277-3(C)	Farmer's Market 2-10 Vendors		\$120.00	\$120.00
	11 or more Vendors		\$12.00/vendor	\$12.00/vendor
320-3	Junk Dealers		\$10.00	\$10.00
430-14	Special Event Fee Special Event Fee - Resident Rate		\$50.00	\$50.00
	Special Event Fee - Non Resident Rate		\$100.00	\$100.00
430-29	Street Use Permit		\$25.00	\$25.00
	Water Department Fees			
	Water on at the Curb		\$30.00	\$30.00
	Meter Install and Water on at the Curb		\$40.00	\$40.00
	Broken Meter		\$48.00	\$48.00
	Clerk's Fees			
50-28(G)	Initial Room Operator Permit		\$20.00	\$20.00
50-11	Real Estate Inquiry - Regular		\$25.00	\$25.00
128-4(F)(4)	Locating a Record/Records Search	REL - Rush	\$35.00	\$35.00
128-4(F)	Copies	Per hour (charged only if \$50.00 or more)	\$20/hr	\$20/hr
	Fax		\$0.02/BW page & \$0.06/Color page	\$0.02/BW page & \$0.06/Color page
			\$2.00/1st page	\$2.00/1st page
			\$1.00 each addl	\$1.00 each addl
7-12(B)	Transcript Non-Sufficient Fund Fee (NSF)	Per hour or actual cost, whichever is greater	\$10/hr \$35.00	\$10/hr \$35.00
180-19.1(B)	Chicken License Application	Up to 6 Chickens per property	\$15.00	\$15.00
	Weights and Measures			
476-18(C)	Base Licensing Processing Fee		\$50.00	\$50.00
	Portion Scale - Low Capacity		\$11.00	\$11.00
	Scales 0-30lbs		\$30.00	\$30.00
	Scales 31-1000lbs		\$40.00	\$40.00

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	2023 Fee	2024 Fee	Effective September 4, 2024 Last Updated
	Scales 1001 - 10,000lbs		\$60.00	\$60.00	2023
	Scales 10,001 - 20,000lbs		\$85.00	\$85.00	2023
	Point of Sale Systems		\$20.00	\$20.00	2020
	Prepack Scale		\$100.00	\$100.00	2023
	Person Weighing Scale		\$50.00	\$50.00	2023
	High Accuracy Scale with Weights or Pill Counter System		\$60.00	\$60.00	2023
	Hopper Scales		\$150.00	\$150.00	2023
	Linear Meter		\$15.00	\$15.00	
	Rules		\$3.00	\$3.00	
	Timing Device		\$10.00	\$10.00	2023
	Petroleum Pump		\$30.00	\$30.00	2023
	High Speed Pump		\$55.00	\$55.00	2023
	Vehicle Tank and Bulk Meter		\$55.00	\$55.00	2023
	Postal Scales		\$11.00	\$11.00	2020
	Estimating Dough Scale and Weights		\$14.00	\$14.00	2020
	Firewood Dealer		\$20.00	\$20.00	
	Retail Price Scanner		1-8 \$100.00 9 or more \$12.50 each	1-8 \$100.00 9 or more \$12.50 each	2023
	Unclassified Devices and Consultations to Government and Industry		\$52.00/Hr	\$52.00/Hr	
	Penalty Fee for Nonregistration		Triple the Per Device Fee	Triple the Per Device Fee	
	Taxi Meters		\$19.00	\$19.00	
	Farm Market Scale		\$19.00	\$19.00	2020
	Reinspection Fee		\$58.00	\$58.00	2020
	Reinspection Fee 2nd Visit		\$100.00	\$100.00	2020
	Reinspection Fee 3rd Visit		\$150.00	\$150.00	2020
476-18(L)	Late Payment Fee (after December 31)		\$60.00	\$60.00	2020
	Dog License				
180-3(A)	Intact Female		\$12.00	\$12.00	
	Intact Male		\$12.00	\$12.00	
	Spayed Female		\$7.00	\$7.00	
	Neutered Male		\$7.00	\$7.00	
180-4	Late fee (as of April 1st)		\$5.00	\$5.00	
	Half year licenses as of July for new dogs		half-price	half-price	
180-B	Kennel License		\$100.00	\$35.00	2020
	Up to 12 dogs		\$12.00	\$3.00	2024
	Additional fee for each dog in excess of 12				
	Register with Fox Valley Metro Police before Apr. 1		\$75.00	\$75.00	
180-21 B	Annual Registration- Dangerous animal				
	Civic Room Rental (Not including tax)				
	Resident Rates:				
	Evergreen Room		\$75.00	\$100.00	2024
	Non-Resident			\$225.00	2024

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	Effective September 4, 2024		
			2023 Fee	2024 Fee Last Updated	
418-6 F	Cedar Room	Resident	\$50.00	\$70.00 2024	
		Non-Resident		\$140.00 2024	
	Aspen or Birch Room	Resident	\$20.00	\$30.00 2024	
		Non-Resident		\$60.00 2024	
	Aspen and Birch Room	Resident	\$40.00	\$60.00 2024	
		Non-Resident		\$120.00 2024	
	Yard Waste				
	Tags		\$1.00/tag	\$1.00/tag	
	Bags		\$.50/bag	\$.50/bag	
	Annual Permit		\$5.00/yr.	\$5.00/yr.	
418-6 F	Metal/ Rubbish Pickup "White Goods"				
	Non-freon appliance/metal		\$10.00	\$10.00	
	Freon appliance		\$15.00	\$15.00	
	Rubbish Cart Additional/Replacement		\$73.50/Cart (Village Cost)	\$73.50/Cart (Village Cost)	
	Additional Rubbish Pick Up		\$120.00	\$120.00	
	Recycle Cart Size Upgrade (65G to 95G)		\$38.50	\$38.50 2021	
	Recycle Cart Additional/Replacement		\$77/Cart (Village Cost)	\$77/Cart (Village Cost)	
	Tires			\$15.00 per tire 2024	
	Grass Cutting/Weed Removal				
	Administrative Fee		\$25.00	\$25.00	
	Labor		\$75.00/hr	\$75.00/hr	
	Plus equipment rental		Varies on equipment used	Varies on equipment used	
430-6	Right of Way Excavation Permits				
	Misc Excavation Permit	One parcel frontage or less	\$20.00	\$20.00 2021	
	Small Utility Project	<750' of roadway	\$50.00	\$50.00 2021	
	Medium Utility Project	Greater than 750' up to 2000' of roadway	\$75.00	\$75.00 2021	
	Large Utility Project	Greater than 2000' of roadway	\$100 + \$0.05/ft beyond 2000ft	\$100 + \$0.05/ft beyond 2000ft 2021	
	Excavation in ROW outside of street		\$50.00	\$50.00 2021	
	Excavation in ROW inside of street		\$250.00	\$250.00 2021	
	Boring in ROW	Parallel to street	\$0.10/ft	\$0.10/ft 2021	
	Boring under street	Perpendicular to street	\$100.00	\$100.00 2021	
430-10	Snow Removal				
	Administrative Fee		\$25.00	\$25.00	
	Labor		\$75.00/hr	\$75.00/hr	
	Plus equipment rental		Varies on equipment used	Varies on equipment used	
372-7	Boat Launch Fees (Not including tax)				
	Daily - Resident & Non-Resident		\$5.00	\$5.00	
	Annual - Resident		\$15.00	\$15.00	

Village of Kimberly

Fee Schedule

Code Section	Fee Type	Description	2023 Fee	Effective September 4, 2024 2024 Fee Last Updated
		Youth (3-17 yrs.)	\$3.50	2023
		Adult (18-61 yrs.)	\$4.50	2023
		Senior (62 yrs. & over)	Free	
		Bark at the Beach	\$5.00	2023
	Season Passes			
		Bark at the Beach	\$20.00	2023
		Resident Youth	\$36.00	2023
		Non-Resident Youth	\$57.00	2023
		Resident Adult	\$46.00	2023
		Non-Resident Adult	\$68.00	2023
		Resident Family	\$115.00	2023
		Non-Resident Family	\$157.00	2023
	Building Permits			
207-36	HVAC- heating			
207-36	HVAC- air conditioning		\$25-\$50 depending on BTUs	2024
	Miscellaneous Replacements: including HVAC, Roof Top Units, etc.		\$15 plus \$2/ton for condensing unit	2024
				2024
207-46	Electrical Permit		\$25 up to \$1,000 in project cost. Plus \$1/\$1000 or fraction of after \$1,000.00	2024
	Electrical Permit - Commercial Service Upgrade, Temporary & Permanent Service			2024
	Electrical Permit - Residential Service Upgrade, Temporary & Permanent Service			2024
207-27 G	Penalty-stormwater discharge	Failure to disconnect clear water into sanitary	\$500.00	
	Penalty -cumulative forfeiture	Cont'd failure to disconnect- per each inspector visit	\$500.00	
207-28	Plumbing Fee			
	Water Heaters		\$30 base fee, plus \$5/fixture	2024
				2024
207	Residential Remodeling		\$40 for first \$15,000. Add \$1/\$1000 or fraction of after \$15,000.	
	Garage or Accessory Structure		\$13.00 per thousand of estimated cost (\$125.00 min) plus mechanicals	2024
	Shed or Accessory Structure (less than 144 sf)		\$40.00	2024
	Deck		\$15.00	2024
	Fence Permit		\$15.00	2024
	Sealing Permit		\$20.00	2024
	Pool/Hot Tub Permit - Inspection Required		\$10.00	2024
	Sign Permit		\$25.00	2024

Village of Kimberly

Fee Schedule

Code Section	Fee Type	Description	2023 Fee	Effective September 4, 2024 2024 Fee Last Updated
	Annual - Non-Resident		\$25.00	\$25.00
	Replacement Permit		\$10.00	\$10.00
	Penalty for Violation		\$35.00/incident	\$35.00/incident
	Park Shelter Rentals (Not including tax)			
372-5	Sunset Park Shelter #1	Resident	\$75.00	\$75.00
		Non-Resident	\$95.00	\$95.00
	Sunset Park Shelter #2	Resident	\$60.00	\$60.00
		Non-Resident	\$80.00	\$80.00
	Roosevelt Park	Resident	\$55.00	\$55.00
		Non-Resident	\$75.00	\$75.00
	Verhagen Park	Resident	\$55.00	\$55.00
		Non-Resident	\$75.00	\$75.00
	Sunset Beach Shelter	Resident	\$30.00	\$30.00
		Non-Resident	\$35.00	\$35.00
	Memorial Park Gazebo	Resident	\$30.00	\$30.00
		Non-Resident	\$35.00	\$35.00
	Treaty Park Gazebo	Resident	\$30.00	\$30.00
		Non-Resident	\$35.00	\$35.00
	Amphitheater		See Amphitheater Inc. Fee Schedule	See Amphitheater Inc. Fee Schedule
	Ballfield Rentals			
	Lighted Ball Diamond	Resident	\$50.00/occurrence	\$50.00/occurrence
		Non-Resident	\$60.00	\$60.00
	Unlighted Ball Diamond	Resident	\$35.00/occurrence	\$35.00/occurrence
		Non-Resident	\$45.00	\$45.00
	Soccer Field	Resident	\$35.00/occurrence	\$35.00/occurrence
		Non-Resident	\$45.00	\$45.00
	Pool/Beach Fees			
	Daily Admission Fees	Infant (0-2 yrs.)	Free	Free

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	2023 Fee	Effective September 4, 2024 2024 Fee Last Updated
		Lighted		2024
		Lighted-Face Change Only		\$75.00 2024
		Unlighted		\$20.00 2024
				\$40.00 2024
240-1C	Driveway Permit		\$5.00	
207-10	Razing Permit			\$125.00 2024
	Moving a Building		\$90 plus \$.12/per sq. ft.	
207-12	Transfer of fill			\$150 plus \$.12/per sq. ft. 2024
196-6(A)	Blasting Permit-Quarry		\$15 application permit plus \$10 per truck	
196-6(B)	Gravel-crushing operations		\$10/per blasting period	\$10/per blasting period plus \$10 per truck 2024
	Alarm Permit		\$10/per year	\$100/per year
170-11(A)	Alarm Permit	Permit for each private alarm		
170-9(C)(1)(a)	Fees for False Alarms Responded to by FVMPD	First 2 false alarms in a calendar year	\$10.00	\$10.00
		3rd false alarm in a calendar year	\$0.00	\$0.00
		4th false alarm in a calendar year	\$25.00	\$25.00
		5th false alarm in a calendar year	\$35.00	\$35.00
		6th and subsequent false alarm in a calendar year	\$45.00	\$45.00
170-9(C)(1)(b)	Fees for False Alarms Responded to by KFD	First 2 false alarms in a calendar year	\$65.00	\$65.00
		3rd and subsequent false alarm in a calendar year	\$0.00	\$0.00
			\$100.00	\$100.00
295-4	Historic Structure/Site			
295-8	Certificate of Appropriateness			
	Certificate of Minor Change		\$100.00	\$125.00 2024
			\$50.00	\$125.00 2024
207	Building Construction Fees New Construction			
	Building Permit - New Construction	Single Family Home		
		Duplex Permit	\$185.00	\$0.15 per sq. ft. (\$185.00 min) 2024
		Each Garage	\$370.00	\$0.15 per sq. ft. (\$370.00 min) 2024
		State Seal	\$40.00	\$0.15 per sq. ft. (\$125.00 min) 2024
		Grade Fee	\$35.00	\$40.00 2024
		Single Family Home Park Impact Fee	\$75.00	\$500.00 2024
		Duplex Park Impact Fee	\$500.00	\$500.00 2024
		Single Family Village Sewer Fee*	\$1,000.00	\$1,000.00
		Duplex Village Sewer Fee*	\$800.00	\$1,000.00 2024
		*In addition to Heart of Valley Sewer District Fee	\$950.00	\$1,200.00 2024
	Call Street Department Heart of the Valley Sewer District Fee			

Village of Kimberly Fee Schedule

Code Section	Fee Type	Description	Effective September 4, 2024	
			2023 Fee	2024 Fee Last Updated
	Commercial/Industrial Building Permit			
207	Building Permits	Multi-Family Housing	\$150 Base Fee, plus \$50 each addl unit \$150 for 2000 sq.ft., \$1.00 each addl 100 sq. ft.	\$0.18 per sq. ft. (\$175.00 min)
		Commercial/Industrial	\$40.00 Base Fee, plus \$1.00 per \$1,000 of project value	\$0.18 per sq. ft. (\$175.00 min)
		Commercial/Industrial Remodeling		\$15.00 per thousand of estimated cost (\$175.00 min), plus mechanicals
				2024
	Erosion Control and Stormwater Management			
425	Erosion Control/Stormwater Management Fees	Erosion Control Compliance and Management	Fees calculated by square footage and duration of land disturbance.	Fees calculated by square footage and duration of land disturbance. (\$250.00 min)
				2024
	Streets			
430-5	Sidewalk Installation/Replacement Permit		\$0.00	\$125.00
430-29	Work in the Right of Way Permit		Varies. \$0, \$15, multipliers of \$15	Varies. \$0, \$15, multipliers of \$15
	Culvert Permit		\$0.00	\$125.00
430-29	Street Use Permit		\$25.00	\$250.00
430-5	Sidewalk Installation/Replacement Permit		\$0.00	\$125.00
430-29	Work in the Right of Way Permit		Varies. \$0, \$15, multipliers of \$15	Varies. \$0, \$15, multipliers of \$15
	Culvert Permit		\$0.00	\$125.00
430-29	Street Use Permit		\$25.00	\$250.00
				2024
	Planning & Zoning			
525	Site Plan Review			
		Commercial		\$300.00
		Industrial		\$500.00
				2024
	Zoning Permits			
		Addition or Remodel		\$100.00
		Commercial		\$250.00
		Industrial		\$300.00
				2024
525-46	Conditional Use Permit		\$25.00	\$150.00
525-40 B.	Planned Unit Development		\$25.00	\$150.00
	Certified Survey Map		\$50 + \$5/dwelling	\$75.00
	Plat (Subdivision)		\$50 + \$5/dwelling	\$75.00
	Preliminary Plat Review		\$50 + \$5/dwelling	\$200 + \$5/lot
	Final Plat Review		\$50 + \$5/dwelling	\$100 + \$5/lot
	Condominium Plat Review		\$300 + \$5/unit	\$300 + \$5/unit
	Reapplication each (Preliminary & Final)		\$50.00	\$50.00
525-126 E.	Zoning Amendment, Rezoning		\$100.00	\$100.00
525-129 F.	Variance-Board of Appeals		\$120.00	\$120.00

LEAGUE OF WISCONSIN MUNICIPALITIES MUTUAL INSURANCE COMPANY

INSURANCE PROPOSAL FOR KRONENWETTER, VILLAGE OF

12/15/2024 - 12/15/2025
Proposal Number 12359



League Insurance
316 W. Washington Ave., Suite 600
Madison, WI 53703
(608) 833-9595

Matt Becker, CEO
matt@lwwmi.org

Spectrum Insurance Group LLC
4233 Southtowne Drive
Eau Claire, WI 54701
(877) 858-9874

Jesse Furrer
jesse.furrer@spectruminsgroup.com

**Protection for League Members and the communities they call home.
That is our business and we do it well.**

Created in 1984 and governed by a board of your peers, League Insurance insures more than 500 cities, villages, and special districts. We are 100% member owned and our financial security, broad coverages, and customized services are specifically designed to serve Wisconsin municipalities.

LEAGUE INSURANCE – COVERAGE HIGHLIGHTS

COVERAGE PROVIDED FOR:

- Elected/Appointed Officials
- Commissions
- Departments
- Employees
- Mutual Aid Assistance
- Volunteers

COMPREHENSIVE COVERAGE INCLUDES:

- Auto Liability
- Auto Physical Damage
- Crime
- Cyber Liability
- Employee Benefits Liability
- Employment Practices Liability
- General Liability
- Law Enforcement
- Public Officials
- Self-Insured Retention Workers' Compensation
- Workers' Compensation

ADDITIONAL COVERAGE ENHANCEMENTS

Liability:

- Airports
- Back Wages in Employment Claims
- Breach of Contract
- Care, Custody, & Control
- Communicable Disease
- Contractual Liability
- Cyber
- Damages to Rented Premises
- Dams
- Defense Costs in Addition to Limit
- Discrimination
- Drones
- EEOC actions
- Failure to Supply
- Land Use, Permits, & Zoning Claims
- Medical Payments
- No Fault Sewer Backup Optional Coverage
- Non-monetary Claims
- Occurrence Based
- Pollution
- Sexual Harassment/Abuse Coverage
- Special Events Included
- Tax Assessment Claims
- Volunteers
- Watercraft
- Wrongful Termination

Auto:

- Automatic New Auto Coverage
- Autos of Others in Your Care, Custody, or Control
- Commandeered Autos
- Hired Auto Physical Damage
- Hired/Non-owned
- Lease Gap
- Personal Auto Physical Damage Deductible Reimbursement
- Temporary Transportation Expense
- Towing Expense
- Uninsured/Underinsured

PREMIER SERVICES – CUSTOMIZED FOR YOU

HUMAN RESOURCES ASSISTANCE

League Insurance has partnered with *Stafford Rosenbaum LLP* to provide the following human resources services:

- HR Hotline – phone assistance with HR-related issues.
- Talent Management – support with recruitment, hiring, background screening, onboarding, performance management, coaching, feedback, disciplinary counseling, termination management, and organizational and staff development.
- Employment Law Compliance – WI and Federal Fair Employment, wage & hour, safety, FMLA, I-9 Employment Verification, and more.
- Documents – development/review of job descriptions, **handbooks, policies, procedures**, and forms customized for the municipality.
- Compliance and HR practices assessments and development of remedial plans.
- Workplace Training – related to compliance and HR-related topics for supervisors and/or employees.
- Workplace investigations.
- Sample handbooks, toolkits addressing various HR subjects and best practices, and online harassment and discrimination training webinars.

EMPLOYEE SAFETY & RISK MANAGEMENT

With loss control resources provided by United Heartland, we can analyze loss trends and municipal operations to **customize a safety program for your community**. Included are comprehensive safety manuals, job site analysis, newsletters, webinars, and information on many topics including:

- Confined Space
- Excavating/Trenching
- Hearing Conservation
- Ladder Safety/Fall Protection
- Lawn Care/Mowers/Trimming/Landscaping
- Lockout Tagout/Electrical Arc Flash
- Motor Vehicle & Construction Equipment Safety
- Outside Contractor Qualification
- Power Platforms/Aerial Lifts
- Respiratory Protection
- Rigging/Slings/Hoists
- Tools – Hand Tools/Power Tools
- Tree Trimming/Chainsaw & Chipper Safety
- Water Hazards – Pools, Ponds, Lakes
- Welding, Cutting, or Brazing
- Work Zone Safety/Traffic Control

LEAGUE INSURANCE UNIVERSITY

League Insurance has partnered with *Lexipol* to provide self-paced online courses *written specifically* for local government and public safety professionals. Courses are available on demand from any computer or mobile device with internet access, 24/7.

- League Insurance University offers all employees access to over **200 online training topics** including HR & Management, Safety, Public Works, Law Enforcement, and much more.
- For Water and Wastewater, League Insurance University courses can be used to fulfill annual training hours requirements. Wastewater professionals will simply need to submit their certificate of course completion directly to the DNR for training approval.
- For law enforcement, League Insurance Police University can be used to fulfill 8 of the 24 hours of annual training requirements with Department level approval.

CYBER UNIVERSITY

League Insurance is partnered with leading cyber insurance provider, *Tokio Marine HCC*. With cyber liability coverage from League Insurance, you have **access to state-of-the-art cyber coverage and resources** including:

- Training courses on many topics including ransomware, phishing emails, network security, and more.
- Sample policies and procedures for best practices and breach response plans.
- Cyber security advisors for technical information and scenario planning.

LAW ENFORCEMENT POLICIES/PROCEDURES ASSISTANCE

League Insurance members are **eligible to receive reimbursement** for updating law enforcement and fire department manuals through an accredited policy manual service provider, as well as reimbursement for law enforcement accreditation.

REBOUND RETURN TO WORK PROGRAM

League Insurance has contracted with *Rebound*, a company which specializes in rehabilitation of injured municipal employees. The program gets your employees seen by top specialists quickly, and with better outcomes. This helps employees recover and saves departments money. Under the *Rebound* program, members are **100% reimbursed** by League Insurance for Rebound expenses incurred.

NURSE TRIAGE & TELEHEALTH

League Insurance is partnered with *CorVel* to provide nurse triage and telehealth services. CorVel's proactive healthcare solution offers injured workers the following medical services:

- Nurse Triage – **24-7 access to registered nurse hotline** to evaluate injuries to determine immediate medical needs.
- Telehealth – Provides immediate referral to medical physicians when needed via computer, tablet, or phone.

YOUR LEAGUE INSURANCE TEAM

LEAGUE INSURANCE

316 W. Washington Avenue
Suite 600
Madison, WI 53703
(608) 833-9595

Elizabeth Yanke
Member Services Director
eyanke@lwm.info.org

Matt Becker
Chief Executive Officer
matt@lwwmi.org

Craig Sherven
Public Safety Specialist
csherven@lwwmi.org

SPECTRUM INSURANCE GROUP

4233 Southtowne Drive
Eau Claire, WI 54701
715-693-4200

Jesse Furrer
jesse.furrer@spectruminsgroup.com
(715) 858-9865
715-693-4200

WORKERS COMPENSATION CLAIMS ADMINISTRATOR

United Heartland
PO Box 3026
Milwaukee, WI 53201-3026
(800) 258-2667

Denise Kawczynski
Senior Claims Representative
denise.kawczynski@unitedheartland.com
(262) 787-7646

LIABILITY CLAIMS ADMINISTRATOR

Statewide Services, Inc.
PO Box 5555
Madison, WI 53705
(800) 858-1536

Dan Lowndes
Managing Attorney
dlowndes@statewidesvcs.com
(608) 828-5687



League Insurance Quote Summary

Section 6, Item H.

Policy Effective Date: 12/15/2024
 Proposal Number: 12359

Insured Name: Kronenwetter, Village of
 Contact Name: Bobbi Birk-LaBarge
 Contact Phone: 715-693-4200
 Contact Email: bbirklabarge@kronenwetter.org

Agency: Spectrum Insurance Group
 Agent Name: Furrer, Jesse
 Agent Email: jesse.furrer@spectruminsgroup.com
 Agent Phone: (715) 858-9865

PREMIUM:

	Expiring Policy			Renewal		
	Deductible	Limit	Premium	Deductible	Limit	Premium
General Liability	0	3,000,000	6,467	0	3,000,000	6,586
Police Professional Liability	0	3,000,000	5,946	0	3,000,000	8,207
Public Official & Employment Practices Liability	0	3,000,000	8,792	0	3,000,000	8,995
Auto Liability	N/A	3,000,000	4,724	0	3,000,000	5,743
Auto Physical Damage	500	See APD Memo	23,692	500	See APD Memo	25,325
No Fault Sewer	N/A	100,000/300,000	14,982		100,000/300,000	14,982
Crime – LWMMI Quote	N/A	Not Avail. In 2023	0	1,000	250,000	642
Cyber	2,500	25,000	0	10,000	1,000,000	1,850
Workers Compensation	N/A	1,739,005 Payroll	37,585	N/A	2,099,613 Payroll	43,172
Crime – Travelers	1,000	250,000	1,280	1,000	250,000	1,255
Total Premium			\$103,468			\$116,115

LWMMI provided an optional crime quote with a limit of \$250,000, \$1,000 deductible and an annual premium of \$642. Your current Travelers crime coverage has the same limit and deductible but has an annual premium of \$1,255. The LWMMI optional crime quote premium was not included in the 2024-26 total premium.

EXPOSURES AND LIMITS:

Base Exposures:	Expiring	Renewal
Total Payroll	1,739,005	2,099,613
Number for FTE Police	8.50	11.50
Number of Vehicles (Auto Liability)	26	31
Population	8,561	8,561
APD – Total Value	3,505,665	3,711,930
APD – Total Number of Vehicles	30	33
Number of Employees	36.250000	36.25
Supplemental Exposures:		
UM & UIM limit	\$25K Per Person / \$50k Occurrence	\$25K Per Person / \$50k Occurrence
Cyber Limit	25,000	25,000
Population Base for No Fault Sewer Coverage	8,561	8,561

ADDITIONAL INSURED:

Name	Reason

CoVantage Credit Union	Loss payee for 2023 Pierce Ladder truck #4905
Caterpillar Financial Services Corp.	Leased Item: Cat, Model D5GXL, #WGB01193
Wausau Events Inc., Marathon County Parks, and City of Wausau	with regards to float entry to participate in Wausau Parade

Proposed coverages, no coverage has been bound.

Limits of Auto Physical Damage Coverage

The most we will pay for "loss" is:

a. The cost of replacing the damaged or stolen property but only for a "covered auto" that, based

on model year at the time of loss is deemed a "total loss" and is;

- (1) five years old or newer and has a replacement cost of \$100,000 or less; or
- (2) ten years old or newer and has a replacement cost in excess of \$100,000.

b. If a. above does not apply then we will pay the least of:

- (1) The cost of repairing the damaged property with parts of like kind and quality;
- (2) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- (3) The limit stated on the schedule of "covered autos."

League Insurance – Auto Schedule

Municipality: Kronenwetter, Village of

Effective Date: 12/15/2024 Expiration Date: 12/15/2025

Auto Liability Deductible: 0

Year	Make	Model	Vehicle Type	VIN #	Dept. (optional)	Zip Code (Garaged at Night)	Parked Inside (i) or Outside (o)	Is Garage Location in a Flood Zone?	Original Cost New	Is APD Coverage Requested?	APD Deductible	Coverage Type (Replacement Cost or Actual Cash Value)
1995	Ford	LoPro	Dump Truck	1FDWF80C1SVA06411		54455	Inside	No	\$35,000	Yes	\$500	Actual Cash Value
2000	Sterling	Pumper	Fire Other	2FZHRJCB1YAB33366		54455	Inside	No	\$295,000	Yes	\$500	Actual Cash Value
2006	Chev	2500HD	Fire Other	1GCHC29U16E112586		54455	Inside	No	\$27,000	Yes	\$500	Actual Cash Value
2006	Sterling	Lt9500	Dump Truck	2FZHACV76AU47078		54455	Inside	No	\$119,000	Yes	\$500	Actual Cash Value
2006	Chev	3500	Pickup	1GBJC34GX6E220590		54455	Inside	No	\$35,000	Yes	\$500	Actual Cash Value
2006	Mac Lander	Trailer	Trailer	4UVPF202061008030	Parks	54455	Inside	No	\$6,000	Yes	\$500	Actual Cash Value
2007	Sterling	Lt9513	Dump Truck	2FZHAZCV57AV53496		54455	Inside	No	\$124,000	Yes	\$500	Actual Cash Value
2010	Kenworth	TRUCK	Fire Other	2NKHHN8XXAM261696		54455	Inside	No	\$220,000	Yes	\$500	Actual Cash Value
2014	Mack	Tandem	Dump Truck	1M2AX33C0EMO10286	Public Works	54455	Inside	No	\$75,000	Yes	\$500	Actual Cash Value
2014	RAM	Van	Passenger	3C6TRVAG0EE100536	Water	54455	Inside	No	\$29,600	Yes	\$500	Actual Cash Value
2015	Dodge	Ram	Pickup	3C6UR5CJ1FG693343	Public Works	54455	Inside	No	\$30,000	Yes	\$500	Actual Cash Value
2015	Dodge	Ram	Pickup	3C6LR5AT3FG693344	Parks	54455	Inside	No	\$30,000	Yes	\$500	Actual Cash Value
2015	Peterbuilt	Tanker	Dump Truck	2NP3LJ0X5FM263631		54455	Inside	No	\$100,000	Yes	\$500	Replacement Cost
2017	Freightliner	114SD	Dump Truck	FVHG3CY7HHJA2801	Public Works	54455	Inside	No	\$170,000	Yes	\$500	Replacement Cost
2018	Dodge	Ram	Pickup	3C7WRTBJ1JG215099	Public Works	54455	Inside	No	\$55,000	Yes	\$500	Actual Cash Value
2019	Ford	Pickup Brush Truck	Pickup	1FD0W5HY4KEG07364	Fire	54455	Inside	No	\$169,997	Yes	\$500	Replacement Cost
2019	Pierce	Enforcer	Fire Other	4P1BAAFF5KA019929	Fire	54455	Inside	No	\$452,898	Yes	\$500	Replacement Cost
2019	Ford	Explorer	Police	1FM5K8AR4KGA12766	Police	54455	Inside	No	\$24,995	Yes	\$500	Replacement Cost
2019	Dodge	Charger	Police	2C3CDXKT9KH582202	Police	54455	Inside	No	\$21,786	Yes	\$500	Replacement Cost
2020	Dodge	Charger	Police	2C3CDXKT9LH229797	Police	54455	Inside	No	\$24,442	Yes	\$500	Replacement Cost
2020	Dodge	Durango	Police	1C4RDJFG2LC287107	Police	54455	Inside	No	\$50,000	Yes	\$500	Replacement Cost
2021	Ford	F150	Pickup	1FTMF1E53MKF00271	Public Works		Inside	No	\$28,168	Yes	\$500	Replacement Cost
2021	Dodge	Charger	Police	2C3CDXKG0MH622186	Police		Inside	No	\$29,424	Yes	\$500	Replacement Cost
2022	Ford	F250 Super Duty	Pickup	1FT7W2B67NEC35287	Public Works	54455	Inside	No	\$37,535	Yes	\$500	Replacement Cost
2022	Dodge	Ram 1500	Fire Other	1C6SRFFT1NN386982	Fire	54455	Inside	No	\$63,000	Yes	\$500	Replacement Cost
2023	Pierce	Ladder Truck	Fire Other	4P1BCAFF7NA024905		54455	Inside	No	\$1,300,000	Yes	\$500	Replacement Cost
2023	Dodge	Charger	Police	2C3CDXXG5PH539700	54455		Inside	No	\$42,000	Yes	\$500	Replacement Cost
2023	Ford	F150	Pickup	1FTNF1E53PKE72206	54455		Inside	No	\$44,382	Yes	\$500	Replacement Cost

Section 6, Item H.

2024	Behnke	Tiltbed trailer	Trailer	4L5ST2721RF069397	54455		Inside	No	\$7,000	Yes		
2024	Dodge	Durango Pursuit	Police	1C4RDJFG2RC135109	Police	54455	Inside	No	\$40,469	Yes	\$500	Replacement Cost
2024	Dodge	Durango Pursuit	Police	1C4RDJFG9RC135110	Police	54455	Inside	No	\$40,469	Yes	\$500	Replacement Cost
2024	Ford	Super Duty F250 SRW	Pickup	1FT7W2BN4RED66335	Public Works	54455	Inside	No	\$58,690	Yes	\$500	Replacement Cost
2024	Ford	F150	Pickup	1FTFX1L5XRKE06923	Sewer Water	54455	Inside	No	\$45,258	Yes	\$500	Replacement Cost

Number of Vehicles with Auto Liability: 31 Original Cost Total: \$3,831,113

Number of Vehicles with APD: 33

(1) APD Value is determined by Original Cost New (OCN - retail cost the original purchaser paid for the vehicle) or by Appraisal Value for Fire/Rescue vehicles.

(2) APD Coverage Type is determined by underwriting and is based on the vehicle age and value

Human Resources & Pre-Loss Legal Services

Human Resources Legal Services

The League of Wisconsin Municipalities Mutual Insurance (LWMMI) has partnered with our colleagues at the Stafford Rosenbaum law firm to provide the following human resources legal services at no cost to insured members:

- *HR Hotline: Phone assistance with HR-related issues.*
- *Talent Management: Support with recruitment, hiring, background screening, onboarding, performance management, disciplinary counseling, and termination management.*
- *Employment Law Compliance: WI and Federal Fair Employment, Wage & Hour, Safety, FMLA, I9 and more.*
- *Documents: Development/review of job descriptions, handbooks, policies, procedures, and forms customized for the municipality.*
- *Workplace Training: Supervisors and/or employees related to compliance and HR-related topics.*
- *Workplace investigations.*

Pre-loss Legal Services

Has something happened in your community recently where you need legal advice? Stafford Rosenbaum offers insured members no cost pre-loss legal services:

- *Land use, zoning, permits*
- *Conflicts of interest*
- *Tax assessments*
- *Open meetings and public records*
- *Contractual issues*

...and many more.

Contact:

Ted Waskowski—Partner

twaskowski@staffordlaw.com

(608) 256-2613

Nurse Triage & Telehealth

League of Wisconsin Municipalities Mutual Insurance is proud to partner with CorVel as our nurse triage and telehealth partner. CorVel's proactive healthcare solution connects injured workers to medical services ensuring they feel cared for in the event of a workplace injury.

Nurse Triage

At the time of a workplace injury, employees can call and speak with a registered nurse through CorVel's 24/7 nurse hotline who will evaluate the injury to determine immediate medical needs. By addressing the injury when it first occurs, CorVel can provide quick and timely care for your employees.

Telehealth

CorVel's nurses are trained to provide an initial assessment and will provide immediate referral to medical care when needed. Nurses may also refer to telehealth as appropriate at the option of the employee. This feature connects the injured worker to a physician immediately via a computer, tablet, or phone. The CorVel nurse will email a link with instructions directly to the injured worker. The CorVel nurse will stay on the telephone with the injured worker until they are connected to the online visit.

Advantages of Telehealth

For many workplace injuries, immediate treatment can be received through a virtual visit with a doctor eliminating the need for scheduling and attending an in-person appointment. No driving to a doctor's office, missed appointments, or delays in waiting rooms. With the advent of new technologies, many welcome the convenience of a virtual visit with a doctor and the added expediency of prescriptions and physical therapy scheduling. By connecting our employees with appropriate, quality care, it can help prevent a minor injury from becoming a complicated injury and focus on your employee's wellness.

About Telehealth Physicians

CorVel has contracted with dedicated physicians who average 15 years in primary and urgent care experience, and are US Board Certified, licensed, and credentialed.

Rebound

For our members that currently utilize our Rebound injury management program, you can continue to contact Rebound directly as you have been doing for any musculoskeletal injuries (knee, shoulder, back, hip, etc.). Also, the nurses at CorVel can provide a referral to Rebound for those injuries as appropriate. The services are designed to work together to achieve the best outcome.

Reporting a Claim

For any work related injury that goes through the 24/7 nurse hotline, CorVel will automatically send the first notice of injury to United Heartland for claim handling. If you chose not to use CorVel, you will need to submit your claim to United Heartland as previously done.



24/7 Work Injury Nurse Line



Immediately following a workplace injury, call to speak with a registered nurse who will evaluate your incident and determine care. Our nurses specialize in occupational injuries and will connect you with the quality care you need.



(855) 438-4577
Call 911 for Medical Emergencies



MN006-W300, 9800 Health Care Lane
Minnetonka, MN 55343
Tel: 1-866-432-5992; Fax: 1-855-208-8348

October 18, 2024

ANSAY & ASSOCIATES LLC
888 STATE HIGHWAY 153 STE 200
MOSINEE, WI 54455

Re: VILLAGE OF KRONENWETTER
Group number: 1573571
Current package: WI MC New 53 / WI053
Renewal date: 01/01/2025

Dear Agent:

Enclosed is a copy of the UnitedHealthcare renewal package for VILLAGE OF KRONENWETTER.

We are excited to bring you the ability to renew your ACR Small Business in our Sales Automation Management (SAMx) Tool.

- You can change plans, add products and update your employee enrollment in an abbreviated fashion.
- Access SAMx by signing in to uhceservices.com with your One Healthcare ID, click on the Small Group Quoting & Renewals tab and select SAMx. Once you see your dashboard, you will see the list of renewals.
- If you need assistance with uhceservices.com, please contact your Dedicated Client Service Manager, or call Client Services at 1-866-908-5940.

You'll be quickly on the path to controlling when your groups are renewed and an overall better service experience.

If you have any questions about this material, please contact me at 1-866-432-5992.

Thank you again for your business. We look forward to our continued relationship.

Sincerely,
Your Renewal Account Executive

October 18, 2024

VILLAGE OF KRONENWETTER
BOBBI BIRK-LABARGE
1582 KRONENWETTER DRIVE
KRONENWETTER, WI 54455

Re: VILLAGE OF KRONENWETTER
Group number: 1573571
Current package: WI MC New 53 / WI053
Renewal date: 01/01/2025

Dear BOBBI BIRK-LABARGE:

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs for the policy year just ending. Now it's time to begin making plans for the coming year. This packet contains your customized renewal package, which will allow you to determine which plan, or plans, best meet your business needs for the coming year.

Your group health insurance coverage is coming up for renewal. Below are changes we'll be making to the plan.

- The cost share for Intensive Behavioral Therapy (IBT) and/or other outpatient services such as electro-convulsive therapy, transcranial magnetic stimulation, psychiatric testing, and medication assisted treatment may have changed. The most common IBT is Applied Behavior Analysis (ABA).
- The term autism spectrum disorder means a condition marked by enduring problems communicating and interacting with others, along with restricted and repetitive behavior, interests, or activities, and as listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
- The mental health/substance-related and addictive disorders delegate (the delegate) administers benefits for mental health and substance-related and addictive disorders services. If the covered person needs assistance with coordination of care, locating a provider, and confirmation that services the covered person plans to receive are covered health care services, the covered person can contact the delegate.
- The term intensive outpatient treatment has been changed to intensive outpatient program.
- The exclusion section specific to mental health and substance-related and addictive disorders services has been removed. The following exclusions have been added as exclusions that apply to both medical and behavioral services: transitional, assisted, and independent living services, educational counseling, testing and support services, and vocational counseling, testing and support services.
- Care Cash, a program designed to help members pay for cost sharing for certain services through a prefunded debit card, may be included in the plan. See the "Review" section of your renewal package to find out if Care Cash is included in your plan, may be included in the plan.
- Benefits for voice modification therapy and/or voice lessons for gender dysphoria are subject to applicable speech therapy benefit limits as described under Habilitative Services and Rehabilitative Services - Outpatient Therapy.
- Annual limits for presumptive and definitive drug testing are removed.
- Covered Persons may not assign benefits under the policy to an out-of-network provider. When a determination is made to pay an out-of-network provider directly for services rendered, that payment is not: an assignment of benefits or any legal or equitable right to institute any proceeding related to benefits; or a waiver of the prohibition of assignment of benefits under the policy. Such payment will not preclude the assertion that any purported assignment of benefits under the policy is invalid or prohibited.

Continued on other side

- The exclusion for health care services from out-of-network providers for non-emergent, sub-acute inpatient, or outpatient services at certain non-hospital facilities does not apply in the case of an emergency or when there is no network provider who is reasonably accessible or available to provide the covered health care service.
- Administrative programs are included in the Are Incentives Available to You? section to accommodate for administrative actions.
- The term unproven services may include services for medical and behavioral conditions. Determinations of unproven services based on well-designed randomized controlled trials or observational studies, include the following: well-designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trial, individual well-designed randomized controlled trials, well-designed observational studies with one or more concurrent comparison group(s) including cohort studies, case-control studies, cross-sectional studies, and systematic reviews (with or without meta-analyses) of such studies. Medical and drug policies can be viewed on www.myuhc.com and liveandworkwell.com.
- The term transitional living is also known as supportive housing, including recovery residences.
- Virtual Behavioral Health Therapy and Coaching Rider will be removed.
- Certain preventive care immunizations are covered under the pharmacy benefit.
- Step therapy requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- Therapeutic equivalent requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- The variable copayment program under the outpatient prescription drug rider may include certain non-specialty and specialty prescription drug products.
- Any cost-sharing changes, including whether the plan is a different metal level from the previous plan are described in the "REVIEW" section of your renewal package.

New regulations and benefit plan design changes often require updates to our Certificate of Coverage (COC). The alternate benefit plan we are suggesting for your renewal is written on an updated COC. You may request to see the COC, and Schedule of Benefits for a complete explanation of your benefits. In addition, see our COC overview documents in the "Supporting Documentation" portion of this package.

Soon, you will receive your Summary of Benefits and Coverage (SBC), if you haven't already. Your employees may also access a copy on myuhc.com. The SBC provides information to help understand your renewal plan(s) and allows you to compare coverage options across different plans and products. For more information regarding the SBC, please visit uhc.com and search for "summary of benefits".

We're looking forward to another year of serving you and your employees. Please take the time to review the enclosed materials and feel free to contact your broker, ANSAY & ASSOCIATES LLC, 715-693-4343, or call me at 1-866-432-5992 with any questions.

Sincerely,
 Your Renewal Account Executive
 CC: ANSAY & ASSOCIATES LLC

UnitedHealthcare Renewal Kit

Prepared for VILLAGE OF KRONENWETTER



Offering a variety of benefits to small businesses

UnitedHealthcare is committed to providing small businesses competitive benefits that help promote better health and greater savings.

Empower employees to manage their health

Small business medical plans** include valuable services and programs at no additional cost:

- Virtual Visits—24/7 access to a network provider using a mobile device* or computer.
- Vital Medications — for standard fully insured group plans certain preferred drugs, including insulin and drugs used to treat severe allergic reactions, hypoglycemia, opioid overdoses, and acute asthma attacks are available at no cost share, subject to any required regulatory approval.
- Employee Assistance Program (EAP) — 24/7 coverage including 3 free counseling sessions per incident, per year.

Support employees with prescription costs

If your plan includes pharmacy coverage**, we provide a point of sale discount program to help employees save by directing a large portion of the drug rebates towards the member's cost-share.

Understand health reform and regulatory changes

Consumer Price Transparency Tool

Beginning on Jan. 1, 2024, in addition to the pricing tools available on myuhc.com, members can search and retrieve a real-time estimate of their cost-share liability for all health care items and services using the UHC app on their smart device. Members can compare health care, dental and vision costs before receiving care.

Group size survey and counting methodology

Many health reform provisions are dependent upon group size. UnitedHealthcare implemented an annual request for prior year employee counts to fully insured clients with enrolled subscriber counts of 5–150. Responses to these surveys are important for accuracy and help improve processes and activities such as Medical Loss Ratio (MLR) rebate calculations, rating and product/plan availability and more.

* Data rates may apply.

** Not all services are available in all markets. Check with your broker or UnitedHealthcare representative.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a competent legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Personal Overview

VILLAGE OF KRONENWETTER

Group number: 1573571

Current package: WI MC New 53 / WI053

Renewal date: 01/01/2025

How to use this document:

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Review

The chart below shows an overview of your current plan, your renewal plan and the associated premiums.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name
		Network	Non-Network	Network	Non-Network	Network	

Current Medical Plans WI MC New 53 / WI053

Balanced 100	CX-EM / RX K62S ¹ P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
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Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

Renewal Medical Plans WI MC New 54 / WI054

Open Access w/Care Cash	EB-E2 / RX K62S ¹ P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
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Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Important: If multiple policies are sold to one customer, we require the policy year or calendar year basis selection be the same for each sold policy.
 - If you choose to add or change an existing HRA plan, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. If you have a Third Party Administrator for your HRA, please note that HRA plans administered by other insurers or TPAs must comply with UnitedHealthcare HRA design standards.
 - Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.
 - Starting with 2014 effective dates, all pharmacy plans include an ancillary charge (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.
 - Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.
 - SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. \$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
 - Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
 - Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
 - Your renewal plan may include the Standard Select Pharmacy Network which could exclude certain pharmacies. Please contact your broker or your UnitedHealthcare representative for additional details.
 - This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

All of your current benefit design options are no longer available in a combined plan offering. We have included new Medical plan choices for the upcoming year, offering the same flexibility, choice, and affordability that you are enjoying today.

Coinsurance		Legal Entity / License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium
Network	Non-Network						
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E	4		\$5,117.21
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E	4		\$5,571.22
Change from Current:							8.9%

Renewal Assumptions:

- The monthly cost noted above is based upon the coverage in force at the time the renewal was calculated. Please refer to Appendix A included in this package. Actual billed premium as of your renewal date may differ from the amounts reflected in this package.
- Information on alternate benefit plans is summarized for ease of review. It is not intended to be a statement of benefits, nor does it guarantee coverage. The Certificate of Coverage provides the legal description of coverage and is available for your review upon request. UHC Choice plans will cover only the employees within the defined UnitedHealthcare service area. The rates are based upon the employer's primary location. Other locations will require alternate plan designs and rates.
- Renewal of your employer plan is contingent upon meeting UnitedHealthcare's minimum participation requirements.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- Upon the renewal of your employer plan, the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the plan(s) selected may be transmitted electronically to you (employer group) and the group employees. The employer group may withdraw their consent at any time or request a document in a paper or non-electronic form.
- Please see the Glossary on inside back cover of this package for definitions of the above terms.

Consider

Here are some great alternatives.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054								
Open Access HSA	EB-F6 / RX K62S ^{1,2}	B	\$6,650/\$13,300	\$13,000/\$14,900	\$8,000/\$16,000	\$13,000/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-F5 / RX K62S ^{1,2}	B	\$6,650/\$13,300	\$13,000/\$14,900	\$8,000/\$16,000	\$13,000/\$25,800	NA/NA	CHOICE PLUS
Open Access w/Care Cash	EB-ET / RX K62S ¹	S	\$6,500/\$13,000	NA/NA	\$9,000/\$18,000	NONE/NONE	\$45/\$90	CHOICE
Open Access w/Care Cash	EB-ES / RX K62S ¹	S	\$7,250/\$14,500	\$13,000/\$26,000	\$9,200/\$18,400	\$14,700/\$29,400	\$45/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FJ / RX K62S ¹	S	\$7,000/\$14,000	\$8,000/\$16,000	\$9,200/\$18,400	\$14,700/\$29,400	\$40/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-EU / RX K62S ¹	S	\$7,250/\$14,500	\$13,000/\$26,000	\$9,200/\$18,400	\$14,700/\$29,400	\$45/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FK / RX K62S ¹	S	\$7,000/\$14,000	\$8,000/\$16,000	\$9,200/\$18,400	\$14,700/\$29,400	\$40/\$80	CHOICE PLUS
Open Access HSA	EB-FQ / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FP / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FR / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	OPTIONS PPO
Open Access HSA	EB-FY / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$8,000/\$16,000	\$7,350/\$14,700	\$12,900/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-FL / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$8,000/\$16,000	\$7,350/\$14,700	\$12,900/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-FM / RX K62S ^{1,2}	S	\$3,500/\$7,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-F2 / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FW / RX K62S ^{1,2}	S	\$3,500/\$7,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EZ / RX K62S ¹	G	\$3,500/\$7,000	\$7,000/\$14,000	\$8,100/\$16,200	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FZ / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EW / RX K62S ¹	G	\$3,500/\$7,000	\$7,000/\$14,000	\$8,100/\$16,200	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Premier w/Care Cash	EB-GB / RX K62S ¹	G	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Premier w/Care Cash	EB-GC / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$7,000/\$14,000	\$20,000/\$40,000	\$15/\$100	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
 - Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
 - Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
 - This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.
² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Below are all the benefit design options available to you within this set of Medical plan choices. The benefit options that we renewed for you are those noted below with a teal arrow . Please note, the 'Relative Pricing' allows you to compare plan benefits and pricing between plan options.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$0	\$4,238.74	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$0	\$4,271.06	
80%	NA	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,324.50	
80%	60%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,350.04	
80%	60%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,359.01	
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,381.60	
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,390.64	
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,447.05	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,478.61	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,478.61	
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$200	\$4,489.88	
80%	60%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$200	\$4,521.51	
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,553.82	
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,577.11	
80%	60%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,584.61	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,601.96	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,608.67	
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,633.51	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,633.51	
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,653.81	

Consider (continued)

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054 (continued)								
Premier w/Care Cash	EB-F9 / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$6,300/\$12,600	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-FB / RX K62S ¹	G	\$2,500/\$5,000	\$7,000/\$14,000	\$7,350/\$14,700	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Premier w/Care Cash	EB-F7 / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$6,300/\$12,600	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-E6 / RX K62S ¹	G	\$2,500/\$5,000	\$7,000/\$14,000	\$7,350/\$14,700	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FF / RX K62S ¹	G	\$2,000/\$4,000	\$7,000/\$14,000	\$6,500/\$13,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E3 / RX K62S ¹	G	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$14,000	\$20,000/\$40,000	\$25/\$50	OPTIONS PPO
Open Access w/Care Cash	EB-FG / RX K62S ¹	G	\$3,500/\$7,000	\$5,000/\$10,000	\$8,500/\$17,000	\$10,000/\$20,000	\$15/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-FD / RX K62S ¹	G	\$2,000/\$4,000	\$7,000/\$14,000	\$6,500/\$13,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E7 / RX K62S ¹	G	\$3,500/\$7,000	\$5,000/\$10,000	\$8,500/\$17,000	\$10,000/\$20,000	\$15/\$30	CHOICE PLUS
Premier w/Care Cash	EB-F8 / RX K62S ¹	G	\$1,500/\$3,000	\$5,000/\$10,000	\$6,500/\$13,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Premier w/Care Cash	EB-GA / RX K62S ¹	G	\$1,500/\$3,000	\$5,000/\$10,000	\$6,500/\$13,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-EX / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$8,500/\$17,000	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-E8 / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$8,500/\$17,000	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EV / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$8,000/\$16,000	\$13,200/\$26,400	\$25/\$50	OPTIONS PPO
Open Access HSA	EB-FV / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$5,700/\$11,400	\$5,000/\$7,000	\$13,100/\$26,200	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FT / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$5,700/\$11,400	\$5,000/\$7,000	\$13,100/\$26,200	\$30/\$60	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FX / RX K62S ^{1,2}	G	\$2,250/\$4,500	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$20/\$40	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FO / RX K62S ^{1,2}	G	\$2,250/\$4,500	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$20/\$40	CHOICE PLUS
Open Access HSA	EB-FN / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$30/\$60	OPTIONS PPO
Open Access HSA	EB-FU / RX K62S ^{1,2}	G	\$1,700/\$3,300	\$3,000/\$6,000	\$7,500/\$8,000	\$12,900/\$25,800	\$35/\$70	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
 - Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
 - Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
 - This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.
² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,704.98
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,715.46
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,726.75
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,746.30
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,754.58
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,765.81
100%	70%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,765.81
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,785.43
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,796.68
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,820.74
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,851.58
100%	70%	HMO	N	\$10/\$40/\$105/\$250/\$500E				\$4,855.34
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,886.20
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E				\$4,947.82
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$300		\$5,011.01
80%	60%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$300		\$5,041.79
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100		\$5,114.75
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100		\$5,144.83
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$150		\$5,197.48
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$150		\$5,242.59

Consider (continued)

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054 (continued)								
Open Access HSA	EB-FS / RX K62S ^{1,2}	G	\$1,700/\$3,300	\$3,000/\$6,000	\$7,500/\$8,000	\$12,900/\$25,800	\$35/\$70	CHOICE PLUS
Open Access w/Care Cash	EB-FE / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FC / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E4 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-E5 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-EY / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FI / RX K62S ¹	P	NONE/NONE	\$5,000/\$10,000	\$3,000/\$6,000	\$10,000/\$20,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-E9 / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FA / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
Open Access w/Care Cash	EB-E2 / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
Open Access w/Care Cash	EB-FH / RX K62S ¹	P	NONE/NONE	\$15,000/\$30,000	\$2,500/\$5,000	\$30,000/\$60,000	\$15/\$45	CHOICE PLUS
Open Access w/Care Cash	EB-F4 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$4,500/\$9,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS
Open Access w/Care Cash	EB-F3 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$3,500/\$7,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

• SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

• Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.

• Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.

¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
100%	80%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$150		\$5,271.90
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$5,314.00
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,343.37
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$5,374.24
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,403.50
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$5,466.70
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,482.49
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,496.00
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$5,541.84
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E	4		\$5,571.22	\$5,571.22
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,684.71
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,747.13
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$5,762.20



Add specialty plans for more savings and simplicity

Balanced benefits packages are becoming increasingly important to compete for new employees and retain top talent. That's why we're offering you additional benefits to help serve and care for one of your most important assets—your employees.

Enjoy simpler administration and the health plan savings you get by bundling

Talk to your broker about adding dental, vision, life and/or disability insurance. We offer a variety of competitively priced plans, with lower participation requirements, making it easier to qualify. When you add 1 or more plans, you can streamline administration and help lower your health plan costs.

Fund it your way

Our flexible funding options let you choose the right plans and contribution strategies for your needs and budget.

- Employee-paid (voluntary)
 - Vision requires only 2 employees
 - Dental requires only 2 employees
 - Disability requires 10 employees and 25% participation
- Employer-paid
- Shared funding

See your savings at uhc.com/bundle

You can easily get an estimate of your savings at uhc.com/bundle. You get 1 bill for health and specialty plans with a single implementation process and dedicated account team.

Specialty plan portfolio

- Dental
- Vision
- Life insurance (including supplemental and dependent) with accidental death and dismemberment
- Short-term disability
- Long-term disability

A group with 25 medical-enrolled employees with the bundle above could see up to

\$1,800
in savings¹

Learn more

Contact your broker for more details

¹ Example for illustrative purposes. Savings calculated based on medical plan administration credits of \$3 for dental, \$2 for vision and \$1 for life which are multiplied by the number of employees enrolled in the medical plan over a 12 month period. Savings may vary and are not a guarantee of individual results. Minimum participation requirements may apply. Please consult your broker or UnitedHealthcare representative for terms and conditions.

Life insurance requires a minimum of \$25,000 benefit.

Minimum participation requirements may apply. Packaged Savings program is not available for all group sizes. Please consult your UnitedHealthcare representative for more details.

Dental Renewal

Dental Benefit Summary

Current		
Plan: P2375 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,000
	Ortho Lifetime	\$1,500 / \$1,000
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 90%
	Minor Restore	80% / 70%
	Endo/Perio/Oral*	50% / 50%
	Major Services	50% / 50%
	Orthodontia	50% / 50%

Renewal		
Plan: P2375 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,000
	Ortho Lifetime	\$1,500 / \$1,000
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 90%
	Minor Restore	80% / 70%
	Endo/Perio/Oral*	50% / 50%
	Major Services	50% / 50%
	Orthodontia	50% / 50%

Monthly Rates/Premiums

	Enrollment	Rate
Employee	2	\$45.58
Empl + Spouse	2	\$91.15
Empl + Child	0	\$91.99
Empl + Fam	1	\$141.80
Monthly Premium		\$415.26

	Enrollment	Rate
Employee	2	\$45.58
Empl + Spouse	2	\$91.15
Empl + Child	0	\$91.99
Empl + Fam	1	\$141.80
Monthly Premium		\$415.26

Change in Rate: 0.0%

- The rates displayed in this package will be effective through 12/31/2025. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- * Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.
- ¹ Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Vision options

	Quote 1		Quote 2		Quote 3		Quote 4	
	Plan S1006		Plan S1008		Plan S1010		Plan S1012	
	Type VOLUNTARY		Type VOLUNTARY		Type 100% ER PAID/0% DEP PAID		Type 100% ER PAID/0% DEP PAID	
	Benefit	Amount	Benefit	Amount	Benefit	Amount	Benefit	Amount
In-Network Copay	Exam	\$10	Exam	\$10	Exam	\$10	Exam	\$10
	Materials	\$25	Materials	\$25	Materials	\$25	Materials	\$25
Allowances	Frame	\$130	Frame	\$130	Frame	\$130	Frame	\$130
	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105
Frequencies	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos
	Frame	1 x per 12 mos	Frame	1 x per 24 mos	Frame	1 x per 12 mos	Frame	1 x per 24 mos
	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate
Enrollment Rates	Employee	\$7.67	Employee	\$7.14	Employee	\$6.75	Employee	\$6.28
	Empl + Spouse	\$14.56	Empl + Spouse	\$13.54	Empl + Spouse	\$14.18	Empl + Spouse	\$13.19
	Empl + Child	\$17.08	Empl + Child	\$15.88	Empl + Child	\$16.64	Empl + Child	\$15.47
	Empl + Family	\$24.04	Empl + Family	\$22.36	Empl + Family	\$24.56	Empl + Family	\$22.84
Monthly Premium		\$77.91		\$72.46		\$76.31		\$70.97

- Vision plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, four vision options are included as part of this renewal package. Your Renewal Account Executive (RAE) or Renewal Account Consultant (RAC) is available to review your options to provide a consistent and comprehensive family vision experience. If you choose to offer an employer-paid plan, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.

Basic Life AD&D options

	Enrollment	Benefit	Volume	Rate per \$1,000	Total	Monthly Premium
Life Insurance				\$0.12	\$15.00	
AD&D Insurance	5	\$25,000	\$125,000	\$0.02	\$2.50	\$17.50

- Basic Life/AD&D plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.
- The benefits will be reduced to 65% of original amount at age 65 and to 50% of the original amount at age 70.

Decide on your renewing coverage

It's time to select your coverage and determine which plan(s) are best for your business.

See the renewal enrollment forms starting on next page of this renewal package.

1. Complete the [Renewal Change Form](#) to identify any changes to your coverage elections.
 - Select the medical plan option(s) that you would like to make available to your employees for the upcoming renewal year. Select an alternate medical plan option, only if you wish to make a change in your coverage. Otherwise you will be renewed to the renewal plan(s) identified on the 'Review' page.
Note: If you are renewing onto a PCP plan, each subscriber will need to identify a Primary Care Physician (PCP), near the subscriber's permanent residence, for themselves and each of their dependents. Please contact your broker or UnitedHealthcare renewal representative to obtain the PCP election form and submit the completed form along with the renewal change form.
 - Change or add specialty coverages using the Specialty product selection part of the form. You may also keep your current coverage.
2. Complete the [Employee Plan Selection Form](#) to identify any changes to the enrollment elections for your employees.
3. Sign at the bottom of the [Employee Plan Selection Form](#).
4. If required, complete, sign, and send the [Mental Health Parity Employer Acknowledgement form](#).
4. Contact your broker or return the completed forms by fax or email to the number at the bottom of the forms. Be sure to respond by the due date indicated.

Thank you for choosing UnitedHealthcare to provide health and wellness benefits for you and your employees for another year!

Federal regulation requires that you update your group's COBRA/Medicare status at the beginning of each calendar year, to be effective January 1. Changes are based upon the prior year employee count. If you would like to confirm your current COBRA or Medicare status or make an update for January 1st, please contact us at 1-888-UHC-HLP1 (1-888-842-4571) between 7 a.m. and 6 p.m. Central Time, Monday through Friday.

Renewal change form

1 Medical plan selection:

Please complete this section of the Renewal change form to identify the one or more benefit plan design options you will be offering to your employees.

Group number: 1573571
 Renewal date: 01/01/2025
 Employer name: VILLAGE OF KRONENWETTER
 1582 KRONENWETTER DRIVE
 KRONENWETTER, WI 54455

WI MC New 54 / WI054

Open Access HSA	Bronze	EB-F6 / RX K62S	<input type="checkbox"/>	Open Access HSA	Bronze	EB-F5 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-ET / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Silver	EB-ES / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-FJ / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Silver	EB-EU / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-FK / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FQ / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FP / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FR / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FY / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FL / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FM / RX K62S	<input type="checkbox"/>	Open Access HSA w/Prem Rewards	Silver	EB-F2 / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FW / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EZ / RX K62S	<input type="checkbox"/>
Open Access HSA w/Prem Rewards	Silver	EB-FZ / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EW / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-GB / RX K62S	<input type="checkbox"/>	Premier w/Care Cash	Gold	EB-GC / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-F9 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-FB / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-F7 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-E6 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-FF / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-E3 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-FG / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-FD / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-E7 / RX K62S	<input type="checkbox"/>	Premier w/Care Cash	Gold	EB-F8 / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-GA / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EX / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-E8 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EV / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FV / RX K62S	<input type="checkbox"/>	Open Access HSA	Gold	EB-FT / RX K62S	<input type="checkbox"/>
Open Access HSA w/Prem Rewards	Gold	EB-FX / RX K62S	<input type="checkbox"/>	Open Access HSA w/Prem Rewards	Gold	EB-FO / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FN / RX K62S	<input type="checkbox"/>	Open Access HSA	Gold	EB-FU / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FS / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-FE / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FC / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E4 / RX K62S	<input type="checkbox"/>

Renewal change form (continued)

WI MC New 54 / WI054

Open Access w/Care Cash	Platinum	EB-E5 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-EY / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FI / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E9 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FA / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E2 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FH / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-F4 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-F3 / RX K62S	<input type="checkbox"/>				

Other medical option: If you are selecting another Multi-choice package and/or medical plan not presented in this renewal package, please write in the Multi-Choice package ID, medical, and Rx plan below.

Other Multi-Choice package ID: _____
 Other medical: _____
 With Rx plan: _____

Medical deductible option:

Indicate below whether you would like to make a change to your current medical plan deductible set up. Please work with your broker or UnitedHealthcare Representative to understand the impacts of making this change:

No change Calendar year deductible Policy year deductible

Note: There may be an impact to indicating a Calendar year deductible if you have selected a Standard Health Reimbursement Account (HRA). For Standard HRAs administered through UnitedHealthcare, the HRA will always run concurrent with the renewal plan period. Therefore, if your renewal date is not January 1st and you select a Calendar year deductible, your employees may experience a number of months without HRA reimbursements. If you are changing from a Calendar Year deductible to a Policy Year Deductible, please contact your Renewal Account Executive (RAE).

HSA plan bank option

If you choose to select an HSA plan, please indicate which bank you will enroll your account in:

Optum bank Another bank

Specialty product selection:

UnitedHealthcare has a comprehensive product portfolio with a wide variety of plan options to meet your needs. In addition to dental, vision and life we also offer short-term and long-term disability plans. To request a specialty quote, reach out to your Renewal Account Executive.

	No Change	Add	Change	Benefit level
Basic Life/AD&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	No Change	Add	Change	Plan name
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	No Change	Add	Change	Plan name
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Employee plan selection form

Group number: 1573571
 Renewal date: 01/01/2025
 Employer name: VILLAGE OF KRONENWETTER
 1582 KRONENWETTER DRIVE
 KRONENWETTER, WI 54455

2 If your employees are offered more than one medical option, please complete and submit this form to report the option they've selected. For each medical plan selected, write the plan code name under the appropriate column headings; ("Renewal Plan 1-4"). Mark the box for each employee's name that corresponds to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Other Renewal" to write in the additional plan code on the same row as the employee's name.

Covered Employee		Member #	Current Medical Plan	Medical plans must match those selected on the renewal change form				
				Renewal Plan 1	Renewal Plan 2	Renewal Plan 3	Renewal Plan 4	Other Renewal
				Write Plan Code Here	Write Plan Code Here	Write Plan Code Here	Write Plan Code Here	(Write plan code on the same row as the employee's name, if the employee is selecting a plan other than Renewal Plans 1 – 4)
BRANDENBURG	MARIAH	183491451	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DALLMAN	MASON	281635533	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DUNST	DANIEL	320297494		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KONOPACKI	ISIAH	630116142	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
XIONG	SOUA	346777350	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* New Enrolled Employees Write In: The blank lines provided allow you to "write-in" an employee who is currently enrolled with a member ID, but may have been missed due to the timing of our renewal data pull. Please include their member ID along with their plan selection. These lines SHOULD NOT be used to add new employees who haven't had their enrollment form received and processed.

3 Sign and send:

I understand that non-medical coverage, if any, will be insured by UnitedHealthcare Insurance Company or one of its affiliates.

Full legal name of employer/firm: _____

Date signed: _____
 (month/day/year)

Signed by: _____
 (Employer signature)

- Indicate employee plan selections and submit your employee plan selection form by fax to 1-855-208-8348 by 12/12/2024, or e-mail us at plan_changes@uhc.com.
- If you have questions or wish to discuss your coverage options contact your broker or UnitedHealthcare representative at 1-866-432-5992 .

Submit

Enrollment Forms

Appendix

Appendix A: Employee enrollment detail and rates

*Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.

Covered Employee	Age	Sex	Dep Cov [†]	Empl Status	Spo Age	Child Count	Current		Renewal	
							Plan Name	Premium	Plan Name	Premium
MARIAH C BRANDENBURG	27	F	S	A	27		CX-EM / RX K62S	\$1,515.78	EB-E2 / RX K62S	\$1,650.26
MASON J DALLMAN	25	M	S	A	26		CX-EM / RX K62S	\$1,466.61	EB-E2 / RX K62S	\$1,596.73
DANIEL S DUNST	36	M	F	A	33	3				
ISIAH J KONOPACKI	25	M	C	A		1	CX-EM / RX K62S	\$1,279.30	EB-E2 / RX K62S	\$1,392.81
SOUA XIONG	32	M	E	A			CX-EM / RX K62S	\$855.52	EB-E2 / RX K62S	\$931.42
Total Premium								\$5,117.21		\$5,571.22

Covered Employee	WI MC New 54 / WI054									
	EB-F6 / RX K62S	EB-F5 / RX K62S	EB-ET / RX K62S	EB-ES / RX K62S	EB-FJ / RX K62S	EB-EU / RX K62S	EB-FK / RX K62S	EB-FQ / RX K62S	EB-FP / RX K62S	EB-FR / RX K62S
MARIAH C BRANDENBURG	\$1,255.56	\$1,265.14	\$1,280.98	\$1,288.54	\$1,291.20	\$1,297.88	\$1,300.56	\$1,317.28	\$1,326.62	\$1,326.62
MASON J DALLMAN	\$1,214.84	\$1,224.10	\$1,239.41	\$1,246.73	\$1,249.30	\$1,255.78	\$1,258.37	\$1,274.53	\$1,283.58	\$1,283.58
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,059.69	\$1,067.76	\$1,081.12	\$1,087.51	\$1,089.75	\$1,095.40	\$1,097.66	\$1,111.76	\$1,119.65	\$1,119.65
SOUA XIONG	\$708.65	\$714.06	\$722.99	\$727.26	\$728.76	\$732.54	\$734.05	\$743.48	\$748.76	\$748.76
Total Premium										
	\$4,238.74	\$4,271.06	\$4,324.50	\$4,350.04	\$4,359.01	\$4,381.60	\$4,390.64	\$4,447.05	\$4,478.61	\$4,478.61

Covered Employee	EB-FY / RX K62S	EB-FL / RX K62S	EB-FM / RX K62S	EB-F2 / RX K62S	EB-FW / RX K62S	EB-EZ / RX K62S	EB-FZ / RX K62S	EB-EW / RX K62S	EB-GB / RX K62S	EB-GC / RX K62S
	MARIAH C BRANDENBURG	\$1,329.96	\$1,339.32	\$1,348.90	\$1,355.80	\$1,358.02	\$1,363.16	\$1,365.14	\$1,372.50	\$1,372.50
MASON J DALLMAN	\$1,286.81	\$1,295.88	\$1,305.14	\$1,311.81	\$1,313.96	\$1,318.93	\$1,320.86	\$1,327.98	\$1,327.98	\$1,333.79
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,122.47	\$1,130.38	\$1,138.45	\$1,144.28	\$1,146.15	\$1,150.49	\$1,152.17	\$1,158.38	\$1,158.38	\$1,163.45
SOUA XIONG	\$750.64	\$755.93	\$761.33	\$765.22	\$766.48	\$769.38	\$770.50	\$774.65	\$774.65	\$778.05
Total Premium										
	\$4,489.88	\$4,521.51	\$4,553.82	\$4,577.11	\$4,584.61	\$4,601.96	\$4,608.67	\$4,633.51	\$4,633.51	\$4,653.81

- Premium amount listed for each subscriber is the sum of the Appendix B rates for the subscriber and the applicable covered family members. Each applicable covered family member will be assigned the rate corresponding to his or her age. A maximum of 3 children under 21 will be included in the premium calculation completed for each subscriber. If there are more than 3 children under age 21, individual rates for only the 3 oldest are included in the subscriber's premium calculation. Employees and spouses under age 21, and children age 21 or over, are rated separately and not subject to the cap of 3.
- The medical premiums above are based on the family members who are covered for medical, and the premiums for each ancillary product are based on the family members who are covered for each specific ancillary product.

[†] E = Employee only, S = Employee + Spouse, C = Employee + Child, F = Employee + Family

Appendix

Appendix A: Employee enrollment detail and rates (continued)

Covered Employee	EB-F9 / RX K62S	EB-FB / RX K62S	EB-F7 / RX K62S	EB-E6 / RX K62S	EB-FF / RX K62S	EB-E3 / RX K62S	EB-FG / RX K62S	EB-FD / RX K62S	EB-E7 / RX K62S	EB-F8 / RX K62S
MARIAH C BRANDENBURG	\$1,393.68	\$1,396.78	\$1,400.12	\$1,405.92	\$1,408.36	\$1,411.70	\$1,411.70	\$1,417.50	\$1,420.84	\$1,427.96
MASON J DALLMAN	\$1,348.46	\$1,351.46	\$1,354.70	\$1,360.30	\$1,362.68	\$1,365.89	\$1,365.89	\$1,371.52	\$1,374.74	\$1,381.64
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,176.24	\$1,178.87	\$1,181.69	\$1,186.57	\$1,188.65	\$1,191.45	\$1,191.45	\$1,196.36	\$1,199.17	\$1,205.19
SOUA XIONG	\$786.60	\$788.35	\$790.24	\$793.51	\$794.89	\$796.77	\$796.77	\$800.05	\$801.93	\$805.95
Total Premium	\$4,704.98	\$4,715.46	\$4,726.75	\$4,746.30	\$4,754.58	\$4,765.81	\$4,765.81	\$4,785.43	\$4,796.68	\$4,820.74

Covered Employee	EB-FC / RX K62S	EB-E4 / RX K62S	EB-E5 / RX K62S	EB-EY / RX K62S	EB-FI / RX K62S	EB-E9 / RX K62S	EB-FA / RX K62S	EB-FH / RX K62S	EB-F4 / RX K62S	EB-F3 / RX K62S
MARIAH C BRANDENBURG	\$1,582.78	\$1,591.92	\$1,600.58	\$1,619.30	\$1,623.98	\$1,627.98	\$1,641.56	\$1,683.88	\$1,702.38	\$1,706.84
MASON J DALLMAN	\$1,531.42	\$1,540.27	\$1,548.66	\$1,566.77	\$1,571.30	\$1,575.17	\$1,588.31	\$1,629.25	\$1,647.14	\$1,651.46
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,335.84	\$1,343.56	\$1,350.87	\$1,366.68	\$1,370.62	\$1,374.00	\$1,385.46	\$1,421.18	\$1,436.78	\$1,440.55
SOUA XIONG	\$893.33	\$898.49	\$903.39	\$913.95	\$916.59	\$918.85	\$926.51	\$950.40	\$960.83	\$963.35
Total Premium	\$5,343.37	\$5,374.24	\$5,403.50	\$5,466.70	\$5,482.49	\$5,496.00	\$5,541.84	\$5,684.71	\$5,747.13	\$5,762.20

Appendix A: Employee enrollment detail and rates (continued)

EB-GA / RX K62S	EB-EX / RX K62S	EB-E8 / RX K62S	EB-EV / RX K62S	EB-FV / RX K62S	EB-FT / RX K62S	EB-FX / RX K62S	EB-FO / RX K62S	EB-FN / RX K62S	EB-FU / RX K62S	EB-FS / RX K62S	EB-FE / RX K62S
\$1,437.10	\$1,438.22	\$1,447.36	\$1,465.60	\$1,484.32	\$1,493.44	\$1,515.06	\$1,523.96	\$1,539.56	\$1,552.92	\$1,561.60	\$1,574.08
\$1,390.48	\$1,391.55	\$1,400.39	\$1,418.06	\$1,436.17	\$1,444.99	\$1,465.90	\$1,474.52	\$1,489.61	\$1,502.54	\$1,510.94	\$1,523.00
\$1,212.89	\$1,213.83	\$1,221.55	\$1,236.96	\$1,252.75	\$1,260.45	\$1,278.68	\$1,286.21	\$1,299.37	\$1,310.65	\$1,317.98	\$1,328.50
\$811.11	\$811.74	\$816.90	\$827.20	\$837.77	\$842.91	\$855.11	\$860.14	\$868.94	\$876.48	\$881.38	\$888.42
\$4,851.58	\$4,855.34	\$4,886.20	\$4,947.82	\$5,011.01	\$5,041.79	\$5,114.75	\$5,144.83	\$5,197.48	\$5,242.59	\$5,271.90	\$5,314.00

Dental
Renewal

\$91.15
\$91.15
\$141.80
\$45.58
\$45.58
\$415.26

Appendix

Appendix B: Monthly rates by age

Current Rates		Renewal Rates WI MC New 54 / WI054											
Balanced 100		Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
CX-EM / RX K62S		EB-E2 / RX K62S		EB-F6 / RX K62S		EB-F5 / RX K62S		EB-ET / RX K62S		EB-ES / RX K62S		EB-FJ / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$553.23	<15	\$602.32	<15	\$458.26	<15	\$461.75	<15	\$467.53	<15	\$470.29	<15	\$471.26
15	\$602.41	15	\$655.85	15	\$498.99	15	\$502.80	15	\$509.09	15	\$512.10	15	\$513.15
16	\$621.21	16	\$676.33	16	\$514.57	16	\$518.49	16	\$524.98	16	\$528.08	16	\$529.17
17	\$640.01	17	\$696.80	17	\$530.14	17	\$534.19	17	\$540.87	17	\$544.06	17	\$545.19
18	\$660.26	18	\$718.84	18	\$546.91	18	\$551.09	18	\$557.98	18	\$561.28	18	\$562.44
19	\$680.51	19	\$740.89	19	\$563.69	19	\$567.99	19	\$575.09	19	\$578.49	19	\$579.68
20	\$701.48	20	\$763.72	20	\$581.06	20	\$585.49	20	\$592.82	20	\$596.32	20	\$597.55
21	\$723.18	21	\$787.34	21	\$599.03	21	\$603.60	21	\$611.15	21	\$614.76	21	\$616.03
22	\$723.18	22	\$787.34	22	\$599.03	22	\$603.60	22	\$611.15	22	\$614.76	22	\$616.03
23	\$723.18	23	\$787.34	23	\$599.03	23	\$603.60	23	\$611.15	23	\$614.76	23	\$616.03
24	\$723.18	24	\$787.34	24	\$599.03	24	\$603.60	24	\$611.15	24	\$614.76	24	\$616.03
25	\$726.07	25	\$790.49	25	\$601.43	25	\$606.01	25	\$613.59	25	\$617.22	25	\$618.49
26	\$740.54	26	\$806.24	26	\$613.41	26	\$618.09	26	\$625.82	26	\$629.51	26	\$630.81
27	\$757.89	27	\$825.13	27	\$627.78	27	\$632.57	27	\$640.49	27	\$644.27	27	\$645.60
28	\$786.10	28	\$855.84	28	\$651.15	28	\$656.11	28	\$664.32	28	\$668.24	28	\$669.62
29	\$809.24	29	\$881.03	29	\$670.31	29	\$675.43	29	\$683.88	29	\$687.92	29	\$689.34
30	\$820.81	30	\$893.63	30	\$679.90	30	\$685.09	30	\$693.66	30	\$697.75	30	\$699.19
31	\$838.17	31	\$912.53	31	\$694.28	31	\$699.57	31	\$708.32	31	\$712.51	31	\$713.98
32	\$855.52	32	\$931.42	32	\$708.65	32	\$714.06	32	\$722.99	32	\$727.26	32	\$728.76
33	\$866.37	33	\$943.23	33	\$717.64	33	\$723.11	33	\$732.16	33	\$736.48	33	\$738.00
34	\$877.94	34	\$955.83	34	\$727.22	34	\$732.77	34	\$741.94	34	\$746.32	34	\$747.86
35	\$883.73	35	\$962.13	35	\$732.01	35	\$737.60	35	\$746.83	35	\$751.24	35	\$752.79
36	\$889.51	36	\$968.43	36	\$736.81	36	\$742.43	36	\$751.71	36	\$756.15	36	\$757.72
37	\$895.30	37	\$974.73	37	\$741.60	37	\$747.26	37	\$756.60	37	\$761.07	37	\$762.65
38	\$901.08	38	\$981.03	38	\$746.39	38	\$752.09	38	\$761.49	38	\$765.99	38	\$767.57
39	\$912.65	39	\$993.62	39	\$755.98	39	\$761.74	39	\$771.27	39	\$775.83	39	\$777.43
40	\$924.22	40	\$1,006.22	40	\$765.56	40	\$771.40	40	\$781.05	40	\$785.66	40	\$787.29
41	\$941.58	41	\$1,025.12	41	\$779.94	41	\$785.89	41	\$795.72	41	\$800.42	41	\$802.07
42	\$958.21	42	\$1,043.23	42	\$793.71	42	\$799.77	42	\$809.77	42	\$814.56	42	\$816.24
43	\$981.36	43	\$1,068.42	43	\$812.88	43	\$819.09	43	\$829.33	43	\$834.23	43	\$835.95
44	\$1,010.28	44	\$1,099.91	44	\$836.84	44	\$843.23	44	\$853.78	44	\$858.82	44	\$860.59
45	\$1,044.27	45	\$1,136.92	45	\$865.00	45	\$871.60	45	\$882.50	45	\$887.71	45	\$889.55
46	\$1,084.77	46	\$1,181.01	46	\$898.55	46	\$905.40	46	\$916.73	46	\$922.14	46	\$924.05
47	\$1,130.33	47	\$1,230.61	47	\$936.28	47	\$943.43	47	\$955.23	47	\$960.87	47	\$962.85
48	\$1,182.40	48	\$1,287.30	48	\$979.41	48	\$986.89	48	\$999.23	48	\$1,005.13	48	\$1,007.21
49	\$1,233.75	49	\$1,343.20	49	\$1,021.95	49	\$1,029.74	49	\$1,042.62	49	\$1,048.78	49	\$1,050.95
50	\$1,291.60	50	\$1,406.19	50	\$1,069.87	50	\$1,078.03	50	\$1,091.51	50	\$1,097.96	50	\$1,100.23
51	\$1,348.73	51	\$1,468.39	51	\$1,117.19	51	\$1,125.71	51	\$1,139.79	51	\$1,146.53	51	\$1,148.90
52	\$1,411.65	52	\$1,536.89	52	\$1,169.31	52	\$1,178.23	52	\$1,192.96	52	\$1,200.01	52	\$1,202.49
53	\$1,475.29	53	\$1,606.17	53	\$1,222.02	53	\$1,231.34	53	\$1,246.75	53	\$1,254.11	53	\$1,256.70
54	\$1,543.99	54	\$1,680.97	54	\$1,278.93	54	\$1,288.69	54	\$1,304.81	54	\$1,312.51	54	\$1,315.22
55	\$1,612.69	55	\$1,755.77	55	\$1,335.84	55	\$1,346.03	55	\$1,362.86	55	\$1,370.91	55	\$1,373.75
56	\$1,687.18	56	\$1,836.86	56	\$1,397.54	56	\$1,408.20	56	\$1,425.81	56	\$1,434.24	56	\$1,437.20
57	\$1,762.39	57	\$1,918.75	57	\$1,459.84	57	\$1,470.97	57	\$1,489.37	57	\$1,498.17	57	\$1,501.27
58	\$1,842.66	58	\$2,006.14	58	\$1,526.33	58	\$1,537.97	58	\$1,557.21	58	\$1,566.41	58	\$1,569.64
59	\$1,882.44	59	\$2,049.45	59	\$1,559.28	59	\$1,571.17	59	\$1,590.82	59	\$1,600.22	59	\$1,603.53
60	\$1,962.71	60	\$2,136.84	60	\$1,625.77	60	\$1,638.17	60	\$1,658.66	60	\$1,668.46	60	\$1,671.91
61	\$2,032.14	61	\$2,212.43	61	\$1,683.27	61	\$1,696.12	61	\$1,717.33	61	\$1,727.48	61	\$1,731.04
62	\$2,077.70	62	\$2,262.03	62	\$1,721.01	62	\$1,734.14	62	\$1,755.83	62	\$1,766.21	62	\$1,769.85
63	\$2,134.83	63	\$2,324.23	63	\$1,768.34	63	\$1,781.83	63	\$1,804.11	63	\$1,814.77	63	\$1,818.52
64+	\$2,169.54	64+	\$2,362.02	64+	\$1,797.09	64+	\$1,810.80	64+	\$1,833.45	64+	\$1,844.28	64+	\$1,848.09

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access HSA		Open Access HSA		Open Access HSA	
EB-EU / RX K62S		EB-FK / RX K62S		EB-FQ / RX K62S		EB-FP / RX K62S		EB-FR / RX K62S		EB-FY / RX K62S		EB-FL / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$473.70	<15	\$474.68	<15	\$480.78	<15	\$484.19	<15	\$484.19	<15	\$485.41	<15	\$488.83
15	\$515.81	15	\$516.88	15	\$523.52	15	\$527.23	15	\$527.23	15	\$528.56	15	\$532.28
16	\$531.91	16	\$533.01	16	\$539.86	16	\$543.69	16	\$543.69	16	\$545.05	16	\$548.89
17	\$548.01	17	\$549.14	17	\$556.20	17	\$560.14	17	\$560.14	17	\$561.55	17	\$565.51
18	\$565.35	18	\$566.52	18	\$573.79	18	\$577.87	18	\$577.87	18	\$579.32	18	\$583.40
19	\$582.69	19	\$583.89	19	\$591.39	19	\$595.59	19	\$595.59	19	\$597.08	19	\$601.29
20	\$600.64	20	\$601.89	20	\$609.62	20	\$613.94	20	\$613.94	20	\$615.48	20	\$619.82
21	\$619.22	21	\$620.50	21	\$628.47	21	\$632.93	21	\$632.93	21	\$634.52	21	\$638.99
22	\$619.22	22	\$620.50	22	\$628.47	22	\$632.93	22	\$632.93	22	\$634.52	22	\$638.99
23	\$619.22	23	\$620.50	23	\$628.47	23	\$632.93	23	\$632.93	23	\$634.52	23	\$638.99
24	\$619.22	24	\$620.50	24	\$628.47	24	\$632.93	24	\$632.93	24	\$634.52	24	\$638.99
25	\$621.70	25	\$622.98	25	\$630.98	25	\$635.46	25	\$635.46	25	\$637.06	25	\$641.55
26	\$634.08	26	\$635.39	26	\$643.55	26	\$648.12	26	\$648.12	26	\$649.75	26	\$654.33
27	\$648.94	27	\$650.28	27	\$658.64	27	\$663.31	27	\$663.31	27	\$664.98	27	\$669.66
28	\$673.09	28	\$674.48	28	\$683.15	28	\$687.99	28	\$687.99	28	\$689.72	28	\$694.58
29	\$692.91	29	\$694.34	29	\$703.26	29	\$708.25	29	\$708.25	29	\$710.03	29	\$715.03
30	\$702.81	30	\$704.27	30	\$713.31	30	\$718.38	30	\$718.38	30	\$720.18	30	\$725.25
31	\$717.68	31	\$719.16	31	\$728.40	31	\$733.57	31	\$733.57	31	\$735.41	31	\$740.59
32	\$732.54	32	\$734.05	32	\$743.48	32	\$748.76	32	\$748.76	32	\$750.64	32	\$755.93
33	\$741.83	33	\$743.36	33	\$752.91	33	\$758.25	33	\$758.25	33	\$760.15	33	\$765.51
34	\$751.73	34	\$753.29	34	\$762.96	34	\$768.38	34	\$768.38	34	\$770.31	34	\$775.73
35	\$756.69	35	\$758.25	35	\$767.99	35	\$773.44	35	\$773.44	35	\$775.38	35	\$780.85
36	\$761.64	36	\$763.22	36	\$773.02	36	\$778.50	36	\$778.50	36	\$780.46	36	\$785.96
37	\$766.59	37	\$768.18	37	\$778.05	37	\$783.57	37	\$783.57	37	\$785.54	37	\$791.07
38	\$771.55	38	\$773.14	38	\$783.07	38	\$788.63	38	\$788.63	38	\$790.61	38	\$796.18
39	\$781.46	39	\$783.07	39	\$793.13	39	\$798.76	39	\$798.76	39	\$800.76	39	\$806.41
40	\$791.36	40	\$793.00	40	\$803.18	40	\$808.88	40	\$808.88	40	\$810.92	40	\$816.63
41	\$806.22	41	\$807.89	41	\$818.27	41	\$824.07	41	\$824.07	41	\$826.15	41	\$831.96
42	\$820.47	42	\$822.16	42	\$832.72	42	\$838.63	42	\$838.63	42	\$840.74	42	\$846.66
43	\$840.28	43	\$842.02	43	\$852.83	43	\$858.89	43	\$858.89	43	\$861.04	43	\$867.11
44	\$865.05	44	\$866.84	44	\$877.97	44	\$884.20	44	\$884.20	44	\$886.42	44	\$892.67
45	\$894.15	45	\$896.00	45	\$907.51	45	\$913.95	45	\$913.95	45	\$916.25	45	\$922.70
46	\$928.83	46	\$930.75	46	\$942.71	46	\$949.40	46	\$949.40	46	\$951.78	46	\$958.49
47	\$967.84	47	\$969.84	47	\$982.30	47	\$989.27	47	\$989.27	47	\$991.75	47	\$998.74
48	\$1,012.42	48	\$1,014.52	48	\$1,027.55	48	\$1,034.84	48	\$1,034.84	48	\$1,037.44	48	\$1,044.75
49	\$1,056.39	49	\$1,058.57	49	\$1,072.17	49	\$1,079.78	49	\$1,079.78	49	\$1,082.49	49	\$1,090.12
50	\$1,105.93	50	\$1,108.21	50	\$1,122.45	50	\$1,130.41	50	\$1,130.41	50	\$1,133.25	50	\$1,141.24
51	\$1,154.85	51	\$1,157.23	51	\$1,172.10	51	\$1,180.41	51	\$1,180.41	51	\$1,183.38	51	\$1,191.72
52	\$1,208.72	52	\$1,211.22	52	\$1,226.77	52	\$1,235.48	52	\$1,235.48	52	\$1,238.58	52	\$1,247.31
53	\$1,263.21	53	\$1,265.82	53	\$1,282.08	53	\$1,291.18	53	\$1,291.18	53	\$1,294.42	53	\$1,303.54
54	\$1,322.03	54	\$1,324.77	54	\$1,341.78	54	\$1,351.31	54	\$1,351.31	54	\$1,354.70	54	\$1,364.24
55	\$1,380.86	55	\$1,383.72	55	\$1,401.49	55	\$1,411.43	55	\$1,411.43	55	\$1,414.98	55	\$1,424.95
56	\$1,444.64	56	\$1,447.63	56	\$1,466.22	56	\$1,476.63	56	\$1,476.63	56	\$1,480.34	56	\$1,490.76
57	\$1,509.04	57	\$1,512.16	57	\$1,531.58	57	\$1,542.45	57	\$1,542.45	57	\$1,546.33	57	\$1,557.22
58	\$1,577.77	58	\$1,581.03	58	\$1,601.34	58	\$1,612.71	58	\$1,612.71	58	\$1,616.76	58	\$1,628.15
59	\$1,611.83	59	\$1,615.16	59	\$1,635.91	59	\$1,647.52	59	\$1,647.52	59	\$1,651.66	59	\$1,663.29
60	\$1,680.56	60	\$1,684.04	60	\$1,705.67	60	\$1,717.77	60	\$1,717.77	60	\$1,722.09	60	\$1,734.22
61	\$1,740.01	61	\$1,743.61	61	\$1,766.00	61	\$1,778.53	61	\$1,778.53	61	\$1,783.00	61	\$1,795.56
62	\$1,779.02	62	\$1,782.70	62	\$1,805.59	62	\$1,818.41	62	\$1,818.41	62	\$1,822.98	62	\$1,835.82
63	\$1,827.94	63	\$1,831.72	63	\$1,855.24	63	\$1,868.41	63	\$1,868.41	63	\$1,873.10	63	\$1,886.30
64+	\$1,857.66	64+	\$1,861.50	64+	\$1,885.41	64+	\$1,898.79	64+	\$1,898.79	64+	\$1,903.56	64+	\$1,916.97

Appendix

Appendix B: Monthly rates by age (continued)

Open Access HSA		Open Access HSA w/ Prem Rewards		Open Access HSA		Open Access w/Care Cash		Open Access HSA w/ Prem Rewards		Open Access w/Care Cash		Premier w/Care Cash	
EB-FM / RX K62S		EB-F2 / RX K62S		EB-FW / RX K62S		EB-EZ / RX K62S		EB-FZ / RX K62S		EB-EW / RX K62S		EB-GB / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$492.32	<15	\$494.84	<15	\$495.65	<15	\$497.53	<15	\$498.25	<15	\$500.94	<15	\$500.94
15	\$536.09	15	\$538.83	15	\$539.71	15	\$541.75	15	\$542.54	15	\$545.47	15	\$545.47
16	\$552.82	16	\$555.64	16	\$556.55	16	\$558.66	16	\$559.48	16	\$562.49	16	\$562.49
17	\$569.55	17	\$572.46	17	\$573.40	17	\$575.57	17	\$576.41	17	\$579.52	17	\$579.52
18	\$587.57	18	\$590.57	18	\$591.54	18	\$593.78	18	\$594.65	18	\$597.85	18	\$597.85
19	\$605.59	19	\$608.69	19	\$609.68	19	\$611.99	19	\$612.88	19	\$616.19	19	\$616.19
20	\$624.25	20	\$627.44	20	\$628.47	20	\$630.85	20	\$631.77	20	\$635.18	20	\$635.18
21	\$643.56	21	\$646.85	21	\$647.91	21	\$650.36	21	\$651.31	21	\$654.82	21	\$654.82
22	\$643.56	22	\$646.85	22	\$647.91	22	\$650.36	22	\$651.31	22	\$654.82	22	\$654.82
23	\$643.56	23	\$646.85	23	\$647.91	23	\$650.36	23	\$651.31	23	\$654.82	23	\$654.82
24	\$643.56	24	\$646.85	24	\$647.91	24	\$650.36	24	\$651.31	24	\$654.82	24	\$654.82
25	\$646.13	25	\$649.44	25	\$650.50	25	\$652.96	25	\$653.92	25	\$657.44	25	\$657.44
26	\$659.01	26	\$662.37	26	\$663.46	26	\$665.97	26	\$666.94	26	\$670.54	26	\$670.54
27	\$674.45	27	\$677.90	27	\$679.01	27	\$681.58	27	\$682.57	27	\$686.25	27	\$686.25
28	\$699.55	28	\$703.13	28	\$704.28	28	\$706.94	28	\$707.97	28	\$711.79	28	\$711.79
29	\$720.14	29	\$723.83	29	\$725.01	29	\$727.75	29	\$728.82	29	\$732.74	29	\$732.74
30	\$730.44	30	\$734.17	30	\$735.38	30	\$738.16	30	\$739.24	30	\$743.22	30	\$743.22
31	\$745.89	31	\$749.70	31	\$750.93	31	\$753.77	31	\$754.87	31	\$758.94	31	\$758.94
32	\$761.33	32	\$765.22	32	\$766.48	32	\$769.38	32	\$770.50	32	\$774.65	32	\$774.65
33	\$770.98	33	\$774.93	33	\$776.20	33	\$779.13	33	\$780.27	33	\$784.47	33	\$784.47
34	\$781.28	34	\$785.28	34	\$786.56	34	\$789.54	34	\$790.69	34	\$794.95	34	\$794.95
35	\$786.43	35	\$790.45	35	\$791.75	35	\$794.74	35	\$795.90	35	\$800.19	35	\$800.19
36	\$791.58	36	\$795.63	36	\$796.93	36	\$799.94	36	\$801.11	36	\$805.43	36	\$805.43
37	\$796.73	37	\$800.80	37	\$802.11	37	\$805.15	37	\$806.32	37	\$810.67	37	\$810.67
38	\$801.88	38	\$805.98	38	\$807.30	38	\$810.35	38	\$811.53	38	\$815.91	38	\$815.91
39	\$812.17	39	\$816.32	39	\$817.66	39	\$820.75	39	\$821.95	39	\$826.38	39	\$826.38
40	\$822.47	40	\$826.67	40	\$828.03	40	\$831.16	40	\$832.37	40	\$836.86	40	\$836.86
41	\$837.92	41	\$842.20	41	\$843.58	41	\$846.77	41	\$848.01	41	\$852.58	41	\$852.58
42	\$852.72	42	\$857.08	42	\$858.48	42	\$861.73	42	\$862.99	42	\$867.64	42	\$867.64
43	\$873.31	43	\$877.78	43	\$879.21	43	\$882.54	43	\$883.83	43	\$888.59	43	\$888.59
44	\$899.05	44	\$903.65	44	\$905.13	44	\$908.55	44	\$909.88	44	\$914.78	44	\$914.78
45	\$929.30	45	\$934.05	45	\$935.58	45	\$939.12	45	\$940.49	45	\$945.56	45	\$945.56
46	\$965.34	46	\$970.28	46	\$971.87	46	\$975.54	46	\$976.97	46	\$982.23	46	\$982.23
47	\$1,005.88	47	\$1,011.03	47	\$1,012.68	47	\$1,016.51	47	\$1,018.00	47	\$1,023.48	47	\$1,023.48
48	\$1,052.22	48	\$1,057.60	48	\$1,059.33	48	\$1,063.34	48	\$1,064.89	48	\$1,070.63	48	\$1,070.63
49	\$1,097.91	49	\$1,103.53	49	\$1,105.33	49	\$1,109.51	49	\$1,111.13	49	\$1,117.12	49	\$1,117.12
50	\$1,149.40	50	\$1,155.27	50	\$1,157.17	50	\$1,161.54	50	\$1,163.24	50	\$1,169.51	50	\$1,169.51
51	\$1,200.24	51	\$1,206.38	51	\$1,208.35	51	\$1,212.92	51	\$1,214.69	51	\$1,221.24	51	\$1,221.24
52	\$1,256.23	52	\$1,262.65	52	\$1,264.72	52	\$1,269.50	52	\$1,271.36	52	\$1,278.21	52	\$1,278.21
53	\$1,312.86	53	\$1,319.57	53	\$1,321.74	53	\$1,326.73	53	\$1,328.67	53	\$1,335.83	53	\$1,335.83
54	\$1,374.00	54	\$1,381.02	54	\$1,383.29	54	\$1,388.52	54	\$1,390.55	54	\$1,398.04	54	\$1,398.04
55	\$1,435.14	55	\$1,442.48	55	\$1,444.84	55	\$1,450.30	55	\$1,452.42	55	\$1,460.25	55	\$1,460.25
56	\$1,501.43	56	\$1,509.10	56	\$1,511.57	56	\$1,517.29	56	\$1,519.51	56	\$1,527.70	56	\$1,527.70
57	\$1,568.36	57	\$1,576.37	57	\$1,578.96	57	\$1,584.93	57	\$1,587.24	57	\$1,595.80	57	\$1,595.80
58	\$1,639.79	58	\$1,648.17	58	\$1,650.87	58	\$1,657.12	58	\$1,659.54	58	\$1,668.48	58	\$1,668.48
59	\$1,675.19	59	\$1,683.75	59	\$1,686.51	59	\$1,692.89	59	\$1,695.36	59	\$1,704.50	59	\$1,704.50
60	\$1,746.62	60	\$1,755.55	60	\$1,758.43	60	\$1,765.08	60	\$1,767.66	60	\$1,777.18	60	\$1,777.18
61	\$1,808.40	61	\$1,817.65	61	\$1,820.63	61	\$1,827.51	61	\$1,830.18	61	\$1,840.04	61	\$1,840.04
62	\$1,848.95	62	\$1,858.40	62	\$1,861.45	62	\$1,868.48	62	\$1,871.21	62	\$1,881.30	62	\$1,881.30
63	\$1,899.79	63	\$1,909.50	63	\$1,912.63	63	\$1,919.86	63	\$1,922.67	63	\$1,933.03	63	\$1,933.03
64+	\$1,930.68	64+	\$1,940.55	64+	\$1,943.73	64+	\$1,951.08	64+	\$1,953.93	64+	\$1,964.46	64+	\$1,964.46

Appendix B: Monthly rates by age (continued)

Premier w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-GC / RX K62S		EB-F9 / RX K62S		EB-FB / RX K62S		EB-F7 / RX K62S		EB-E6 / RX K62S		EB-FF / RX K62S		EB-E3 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$503.13	<15	\$508.66	<15	\$509.80	<15	\$511.02	<15	\$513.13	<15	\$514.03	<15	\$515.24
15	\$547.86	15	\$553.88	15	\$555.11	15	\$556.44	15	\$558.74	15	\$559.72	15	\$561.04
16	\$564.96	16	\$571.17	16	\$572.44	16	\$573.81	16	\$576.18	16	\$577.19	16	\$578.55
17	\$582.06	17	\$588.45	17	\$589.76	17	\$591.18	17	\$593.62	17	\$594.66	17	\$596.07
18	\$600.47	18	\$607.07	18	\$608.42	18	\$609.88	18	\$612.40	18	\$613.47	18	\$614.92
19	\$618.89	19	\$625.69	19	\$627.08	19	\$628.59	19	\$631.19	19	\$632.29	19	\$633.78
20	\$637.96	20	\$644.97	20	\$646.41	20	\$647.96	20	\$650.64	20	\$651.77	20	\$653.31
21	\$657.69	21	\$664.92	21	\$666.40	21	\$668.00	21	\$670.76	21	\$671.93	21	\$673.52
22	\$657.69	22	\$664.92	22	\$666.40	22	\$668.00	22	\$670.76	22	\$671.93	22	\$673.52
23	\$657.69	23	\$664.92	23	\$666.40	23	\$668.00	23	\$670.76	23	\$671.93	23	\$673.52
24	\$657.69	24	\$664.92	24	\$666.40	24	\$668.00	24	\$670.76	24	\$671.93	24	\$673.52
25	\$660.32	25	\$667.58	25	\$669.07	25	\$670.67	25	\$673.44	25	\$674.62	25	\$676.21
26	\$673.47	26	\$680.88	26	\$682.39	26	\$684.03	26	\$686.86	26	\$688.06	26	\$689.68
27	\$689.26	27	\$696.84	27	\$698.39	27	\$700.06	27	\$702.96	27	\$704.18	27	\$705.85
28	\$714.91	28	\$722.77	28	\$724.38	28	\$726.12	28	\$729.12	28	\$730.39	28	\$732.12
29	\$735.96	29	\$744.05	29	\$745.70	29	\$747.49	29	\$750.58	29	\$751.89	29	\$753.67
30	\$746.48	30	\$754.68	30	\$756.36	30	\$758.18	30	\$761.31	30	\$762.64	30	\$764.45
31	\$762.26	31	\$770.64	31	\$772.36	31	\$774.21	31	\$777.41	31	\$778.77	31	\$780.61
32	\$778.05	32	\$786.60	32	\$788.35	32	\$790.24	32	\$793.51	32	\$794.89	32	\$796.77
33	\$787.91	33	\$796.57	33	\$798.35	33	\$800.26	33	\$803.57	33	\$804.97	33	\$806.88
34	\$798.44	34	\$807.21	34	\$809.01	34	\$810.95	34	\$814.30	34	\$815.72	34	\$817.65
35	\$803.70	35	\$812.53	35	\$814.34	35	\$816.30	35	\$819.67	35	\$821.10	35	\$823.04
36	\$808.96	36	\$817.85	36	\$819.67	36	\$821.64	36	\$825.03	36	\$826.47	36	\$828.43
37	\$814.22	37	\$823.17	37	\$825.00	37	\$826.98	37	\$830.40	37	\$831.85	37	\$833.82
38	\$819.48	38	\$828.49	38	\$830.33	38	\$832.33	38	\$835.77	38	\$837.22	38	\$839.21
39	\$830.00	39	\$839.13	39	\$841.00	39	\$843.02	39	\$846.50	39	\$847.98	39	\$849.98
40	\$840.53	40	\$849.77	40	\$851.66	40	\$853.70	40	\$857.23	40	\$858.73	40	\$860.76
41	\$856.31	41	\$865.73	41	\$867.65	41	\$869.74	41	\$873.33	41	\$874.85	41	\$876.92
42	\$871.44	42	\$881.02	42	\$882.98	42	\$885.10	42	\$888.76	42	\$890.31	42	\$892.41
43	\$892.49	43	\$902.30	43	\$904.30	43	\$906.48	43	\$910.22	43	\$911.81	43	\$913.97
44	\$918.79	44	\$928.89	44	\$930.96	44	\$933.20	44	\$937.05	44	\$938.69	44	\$940.91
45	\$949.70	45	\$960.14	45	\$962.28	45	\$964.59	45	\$968.58	45	\$970.27	45	\$972.56
46	\$986.54	46	\$997.38	46	\$999.60	46	\$1,002.00	46	\$1,006.14	46	\$1,007.90	46	\$1,010.28
47	\$1,027.97	47	\$1,039.27	47	\$1,041.58	47	\$1,044.08	47	\$1,048.40	47	\$1,050.23	47	\$1,052.71
48	\$1,075.32	48	\$1,087.14	48	\$1,089.56	48	\$1,092.18	48	\$1,096.69	48	\$1,098.61	48	\$1,101.21
49	\$1,122.02	49	\$1,134.35	49	\$1,136.88	49	\$1,139.61	49	\$1,144.32	49	\$1,146.31	49	\$1,149.03
50	\$1,174.63	50	\$1,187.55	50	\$1,190.19	50	\$1,193.05	50	\$1,197.98	50	\$1,200.07	50	\$1,202.91
51	\$1,226.59	51	\$1,240.08	51	\$1,242.84	51	\$1,245.82	51	\$1,250.97	51	\$1,253.15	51	\$1,256.11
52	\$1,283.81	52	\$1,297.92	52	\$1,300.81	52	\$1,303.94	52	\$1,309.32	52	\$1,311.61	52	\$1,314.71
53	\$1,341.69	53	\$1,356.44	53	\$1,359.46	53	\$1,362.72	53	\$1,368.35	53	\$1,370.74	53	\$1,373.98
54	\$1,404.17	54	\$1,419.60	54	\$1,422.76	54	\$1,426.18	54	\$1,432.07	54	\$1,434.57	54	\$1,437.97
55	\$1,466.65	55	\$1,482.77	55	\$1,486.07	55	\$1,489.64	55	\$1,495.79	55	\$1,498.40	55	\$1,501.95
56	\$1,534.39	56	\$1,551.26	56	\$1,554.71	56	\$1,558.44	56	\$1,564.88	56	\$1,567.61	56	\$1,571.32
57	\$1,602.79	57	\$1,620.41	57	\$1,624.02	57	\$1,627.92	57	\$1,634.64	57	\$1,637.49	57	\$1,641.37
58	\$1,675.79	58	\$1,694.22	58	\$1,697.99	58	\$1,702.06	58	\$1,709.10	58	\$1,712.08	58	\$1,716.13
59	\$1,711.97	59	\$1,730.79	59	\$1,734.64	59	\$1,738.80	59	\$1,745.99	59	\$1,749.03	59	\$1,753.17
60	\$1,784.97	60	\$1,804.59	60	\$1,808.61	60	\$1,812.95	60	\$1,820.44	60	\$1,823.62	60	\$1,827.93
61	\$1,848.11	61	\$1,868.43	61	\$1,872.58	61	\$1,877.08	61	\$1,884.84	61	\$1,888.12	61	\$1,892.59
62	\$1,889.54	62	\$1,910.32	62	\$1,914.57	62	\$1,919.16	62	\$1,927.09	62	\$1,930.45	62	\$1,935.02
63	\$1,941.50	63	\$1,962.84	63	\$1,967.21	63	\$1,971.94	63	\$1,980.08	63	\$1,983.54	63	\$1,988.23
64+	\$1,973.07	64+	\$1,994.76	64+	\$1,999.20	64+	\$2,004.00	64+	\$2,012.28	64+	\$2,015.79	64+	\$2,020.56

Appendix

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Premier w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-FG / RX K62S		EB-FD / RX K62S		EB-E7 / RX K62S		EB-F8 / RX K62S		EB-GA / RX K62S		EB-EX / RX K62S		EB-E8 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$515.24	<15	\$517.36	<15	\$518.58	<15	\$521.18	<15	\$524.51	<15	\$524.92	<15	\$528.26
15	\$561.04	15	\$563.35	15	\$564.67	15	\$567.51	15	\$571.14	15	\$571.58	15	\$575.21
16	\$578.55	16	\$580.93	16	\$582.30	16	\$585.22	16	\$588.96	16	\$589.42	16	\$593.17
17	\$596.07	17	\$598.52	17	\$599.92	17	\$602.93	17	\$606.79	17	\$607.26	17	\$611.12
18	\$614.92	18	\$617.45	18	\$618.90	18	\$622.01	18	\$625.99	18	\$626.47	18	\$630.45
19	\$633.78	19	\$636.39	19	\$637.89	19	\$641.08	19	\$645.19	19	\$645.69	19	\$649.79
20	\$653.31	20	\$656.00	20	\$657.54	20	\$660.84	20	\$665.07	20	\$665.58	20	\$669.81
21	\$673.52	21	\$676.29	21	\$677.88	21	\$681.28	21	\$685.64	21	\$686.17	21	\$690.53
22	\$673.52	22	\$676.29	22	\$677.88	22	\$681.28	22	\$685.64	22	\$686.17	22	\$690.53
23	\$673.52	23	\$676.29	23	\$677.88	23	\$681.28	23	\$685.64	23	\$686.17	23	\$690.53
24	\$673.52	24	\$676.29	24	\$677.88	24	\$681.28	24	\$685.64	24	\$686.17	24	\$690.53
25	\$676.21	25	\$679.00	25	\$680.59	25	\$684.01	25	\$688.38	25	\$688.91	25	\$693.29
26	\$689.68	26	\$692.52	26	\$694.15	26	\$697.63	26	\$702.10	26	\$702.64	26	\$707.10
27	\$705.85	27	\$708.75	27	\$710.42	27	\$713.98	27	\$718.55	27	\$719.11	27	\$723.68
28	\$732.12	28	\$735.13	28	\$736.86	28	\$740.55	28	\$745.29	28	\$745.87	28	\$750.61
29	\$753.67	29	\$756.77	29	\$758.55	29	\$762.35	29	\$767.23	29	\$767.82	29	\$772.70
30	\$764.45	30	\$767.59	30	\$769.39	30	\$773.25	30	\$778.20	30	\$778.80	30	\$783.75
31	\$780.61	31	\$783.82	31	\$785.66	31	\$789.60	31	\$794.66	31	\$795.27	31	\$800.32
32	\$796.77	32	\$800.05	32	\$801.93	32	\$805.95	32	\$811.11	32	\$811.74	32	\$816.90
33	\$806.88	33	\$810.20	33	\$812.10	33	\$816.17	33	\$821.40	33	\$822.03	33	\$827.25
34	\$817.65	34	\$821.02	34	\$822.95	34	\$827.07	34	\$832.37	34	\$833.01	34	\$838.30
35	\$823.04	35	\$826.43	35	\$828.37	35	\$832.52	35	\$837.85	35	\$838.50	35	\$843.83
36	\$828.43	36	\$831.84	36	\$833.79	36	\$837.97	36	\$843.34	36	\$843.99	36	\$849.35
37	\$833.82	37	\$837.25	37	\$839.22	37	\$843.42	37	\$848.82	37	\$849.48	37	\$854.88
38	\$839.21	38	\$842.66	38	\$844.64	38	\$848.87	38	\$854.31	38	\$854.97	38	\$860.40
39	\$849.98	39	\$853.48	39	\$855.48	39	\$859.78	39	\$865.28	39	\$865.95	39	\$871.45
40	\$860.76	40	\$864.30	40	\$866.33	40	\$870.68	40	\$876.25	40	\$876.93	40	\$882.50
41	\$876.92	41	\$880.53	41	\$882.60	41	\$887.03	41	\$892.70	41	\$893.39	41	\$899.07
42	\$892.41	42	\$896.08	42	\$898.19	42	\$902.70	42	\$908.47	42	\$909.18	42	\$914.95
43	\$913.97	43	\$917.73	43	\$919.88	43	\$924.50	43	\$930.41	43	\$931.13	43	\$937.05
44	\$940.91	44	\$944.78	44	\$947.00	44	\$951.75	44	\$957.84	44	\$958.58	44	\$964.67
45	\$972.56	45	\$976.56	45	\$978.86	45	\$983.77	45	\$990.06	45	\$990.83	45	\$997.13
46	\$1,010.28	46	\$1,014.44	46	\$1,016.82	46	\$1,021.92	46	\$1,028.46	46	\$1,029.26	46	\$1,035.80
47	\$1,052.71	47	\$1,057.04	47	\$1,059.53	47	\$1,064.84	47	\$1,071.66	47	\$1,072.48	47	\$1,079.30
48	\$1,101.21	48	\$1,105.73	48	\$1,108.33	48	\$1,113.89	48	\$1,121.02	48	\$1,121.89	48	\$1,129.02
49	\$1,149.03	49	\$1,153.75	49	\$1,156.46	49	\$1,162.26	49	\$1,169.70	49	\$1,170.61	49	\$1,178.04
50	\$1,202.91	50	\$1,207.85	50	\$1,210.69	50	\$1,216.77	50	\$1,224.55	50	\$1,225.50	50	\$1,233.29
51	\$1,256.11	51	\$1,261.28	51	\$1,264.25	51	\$1,270.59	51	\$1,278.72	51	\$1,279.71	51	\$1,287.84
52	\$1,314.71	52	\$1,320.12	52	\$1,323.22	52	\$1,329.86	52	\$1,338.37	52	\$1,339.40	52	\$1,347.91
53	\$1,373.98	53	\$1,379.63	53	\$1,382.88	53	\$1,389.81	53	\$1,398.71	53	\$1,399.79	53	\$1,408.68
54	\$1,437.97	54	\$1,443.88	54	\$1,447.27	54	\$1,454.53	54	\$1,463.84	54	\$1,464.97	54	\$1,474.28
55	\$1,501.95	55	\$1,508.13	55	\$1,511.67	55	\$1,519.25	55	\$1,528.98	55	\$1,530.16	55	\$1,539.88
56	\$1,571.32	56	\$1,577.78	56	\$1,581.49	56	\$1,589.43	56	\$1,599.60	56	\$1,600.83	56	\$1,611.01
57	\$1,641.37	57	\$1,648.12	57	\$1,651.99	57	\$1,660.28	57	\$1,670.90	57	\$1,672.20	57	\$1,682.82
58	\$1,716.13	58	\$1,723.19	58	\$1,727.24	58	\$1,735.90	58	\$1,747.01	58	\$1,748.36	58	\$1,759.47
59	\$1,753.17	59	\$1,760.38	59	\$1,764.52	59	\$1,773.37	59	\$1,784.72	59	\$1,786.10	59	\$1,797.45
60	\$1,827.93	60	\$1,835.45	60	\$1,839.77	60	\$1,848.99	60	\$1,860.83	60	\$1,862.27	60	\$1,874.10
61	\$1,892.59	61	\$1,900.37	61	\$1,904.84	61	\$1,914.40	61	\$1,926.65	61	\$1,928.14	61	\$1,940.39
62	\$1,935.02	62	\$1,942.98	62	\$1,947.55	62	\$1,957.32	62	\$1,969.84	62	\$1,971.37	62	\$1,983.89
63	\$1,988.23	63	\$1,996.41	63	\$2,001.10	63	\$2,011.14	63	\$2,024.01	63	\$2,025.57	63	\$2,038.44
64+	\$2,020.56	64+	\$2,028.87	64+	\$2,033.64	64+	\$2,043.84	64+	\$2,056.92	64+	\$2,058.51	64+	\$2,071.59

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access HSA w/ Prem Rewards		Open Access HSA w/ Prem Rewards		Open Access HSA		Open Access HSA	
EB-EV / RX K62S		EB-FV / RX K62S		EB-FT / RX K62S		EB-FX / RX K62S		EB-FO / RX K62S		EB-FN / RX K62S		EB-FU / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$534.92	<15	\$541.75	<15	\$545.08	<15	\$552.96	<15	\$556.22	<15	\$561.91	<15	\$566.79
15	\$582.47	15	\$589.91	15	\$593.53	15	\$602.12	15	\$605.66	15	\$611.86	15	\$617.17
16	\$600.65	16	\$608.32	16	\$612.05	16	\$620.91	16	\$624.56	16	\$630.95	16	\$636.43
17	\$618.83	17	\$626.73	17	\$630.58	17	\$639.70	17	\$643.47	17	\$650.05	17	\$655.70
18	\$638.41	18	\$646.56	18	\$650.53	18	\$659.94	18	\$663.82	18	\$670.62	18	\$676.44
19	\$657.98	19	\$666.39	19	\$670.48	19	\$680.18	19	\$684.18	19	\$691.18	19	\$697.19
20	\$678.26	20	\$686.92	20	\$691.14	20	\$701.15	20	\$705.27	20	\$712.48	20	\$718.67
21	\$699.24	21	\$708.17	21	\$712.52	21	\$722.83	21	\$727.08	21	\$734.52	21	\$740.90
22	\$699.24	22	\$708.17	22	\$712.52	22	\$722.83	22	\$727.08	22	\$734.52	22	\$740.90
23	\$699.24	23	\$708.17	23	\$712.52	23	\$722.83	23	\$727.08	23	\$734.52	23	\$740.90
24	\$699.24	24	\$708.17	24	\$712.52	24	\$722.83	24	\$727.08	24	\$734.52	24	\$740.90
25	\$702.04	25	\$711.00	25	\$715.37	25	\$725.72	25	\$729.99	25	\$737.46	25	\$743.86
26	\$716.02	26	\$725.17	26	\$729.62	26	\$740.18	26	\$744.53	26	\$752.15	26	\$758.68
27	\$732.80	27	\$742.16	27	\$746.72	27	\$757.53	27	\$761.98	27	\$769.78	27	\$776.46
28	\$760.07	28	\$769.78	28	\$774.51	28	\$785.72	28	\$790.34	28	\$798.42	28	\$805.36
29	\$782.45	29	\$792.44	29	\$797.31	29	\$808.85	29	\$813.60	29	\$821.93	29	\$829.07
30	\$793.64	30	\$803.77	30	\$808.71	30	\$820.41	30	\$825.24	30	\$833.68	30	\$840.92
31	\$810.42	31	\$820.77	31	\$825.81	31	\$837.76	31	\$842.69	31	\$851.31	31	\$858.70
32	\$827.20	32	\$837.77	32	\$842.91	32	\$855.11	32	\$860.14	32	\$868.94	32	\$876.48
33	\$837.69	33	\$848.39	33	\$853.60	33	\$865.95	33	\$871.04	33	\$879.95	33	\$887.60
34	\$848.88	34	\$859.72	34	\$865.00	34	\$877.52	34	\$882.68	34	\$891.71	34	\$899.45
35	\$854.47	35	\$865.38	35	\$870.70	35	\$883.30	35	\$888.49	35	\$897.58	35	\$905.38
36	\$860.07	36	\$871.05	36	\$876.40	36	\$889.08	36	\$894.31	36	\$903.46	36	\$911.31
37	\$865.66	37	\$876.71	37	\$882.10	37	\$894.86	37	\$900.13	37	\$909.34	37	\$917.23
38	\$871.25	38	\$882.38	38	\$887.80	38	\$900.65	38	\$905.94	38	\$915.21	38	\$923.16
39	\$882.44	39	\$893.71	39	\$899.20	39	\$912.21	39	\$917.57	39	\$926.96	39	\$935.02
40	\$893.63	40	\$905.04	40	\$910.60	40	\$923.78	40	\$929.21	40	\$938.72	40	\$946.87
41	\$910.41	41	\$922.04	41	\$927.70	41	\$941.12	41	\$946.66	41	\$956.35	41	\$964.65
42	\$926.49	42	\$938.33	42	\$944.09	42	\$957.75	42	\$963.38	42	\$973.24	42	\$981.69
43	\$948.87	43	\$960.99	43	\$966.89	43	\$980.88	43	\$986.65	43	\$996.74	43	\$1,005.40
44	\$976.84	44	\$989.31	44	\$995.39	44	\$1,009.79	44	\$1,015.73	44	\$1,026.12	44	\$1,035.04
45	\$1,009.70	45	\$1,022.60	45	\$1,028.88	45	\$1,043.77	45	\$1,049.90	45	\$1,060.65	45	\$1,069.86
46	\$1,048.86	46	\$1,062.26	46	\$1,068.78	46	\$1,084.25	46	\$1,090.62	46	\$1,101.78	46	\$1,111.35
47	\$1,092.91	47	\$1,106.87	47	\$1,113.67	47	\$1,129.78	47	\$1,136.43	47	\$1,148.05	47	\$1,158.03
48	\$1,143.26	48	\$1,157.86	48	\$1,164.97	48	\$1,181.83	48	\$1,188.78	48	\$1,200.94	48	\$1,211.37
49	\$1,192.90	49	\$1,208.14	49	\$1,215.56	49	\$1,233.15	49	\$1,240.40	49	\$1,253.09	49	\$1,263.98
50	\$1,248.84	50	\$1,264.79	50	\$1,272.56	50	\$1,290.97	50	\$1,298.56	50	\$1,311.85	50	\$1,323.25
51	\$1,304.08	51	\$1,320.74	51	\$1,328.85	51	\$1,348.08	51	\$1,356.00	51	\$1,369.88	51	\$1,381.78
52	\$1,364.92	52	\$1,382.35	52	\$1,390.84	52	\$1,410.96	52	\$1,419.26	52	\$1,433.78	52	\$1,446.24
53	\$1,426.45	53	\$1,444.67	53	\$1,453.54	53	\$1,474.57	53	\$1,483.24	53	\$1,498.42	53	\$1,511.44
54	\$1,492.88	54	\$1,511.94	54	\$1,521.23	54	\$1,543.24	54	\$1,552.32	54	\$1,568.20	54	\$1,581.82
55	\$1,559.31	55	\$1,579.22	55	\$1,588.92	55	\$1,611.91	55	\$1,621.39	55	\$1,637.98	55	\$1,652.21
56	\$1,631.33	56	\$1,652.16	56	\$1,662.31	56	\$1,686.36	56	\$1,696.28	56	\$1,713.64	56	\$1,728.52
57	\$1,704.05	57	\$1,725.81	57	\$1,736.41	57	\$1,761.54	57	\$1,771.89	57	\$1,790.03	57	\$1,805.57
58	\$1,781.66	58	\$1,804.42	58	\$1,815.50	58	\$1,841.77	58	\$1,852.60	58	\$1,871.56	58	\$1,887.81
59	\$1,820.12	59	\$1,843.37	59	\$1,854.69	59	\$1,881.53	59	\$1,892.59	59	\$1,911.96	59	\$1,928.56
60	\$1,897.74	60	\$1,921.97	60	\$1,933.78	60	\$1,961.76	60	\$1,973.30	60	\$1,993.49	60	\$2,010.80
61	\$1,964.86	61	\$1,989.96	61	\$2,002.18	61	\$2,031.15	61	\$2,043.09	61	\$2,064.00	61	\$2,081.93
62	\$2,008.92	62	\$2,034.57	62	\$2,047.07	62	\$2,076.69	62	\$2,088.90	62	\$2,110.28	62	\$2,128.61
63	\$2,064.16	63	\$2,090.52	63	\$2,103.36	63	\$2,133.79	63	\$2,146.34	63	\$2,168.30	63	\$2,187.14
64+	\$2,097.72	64+	\$2,124.51	64+	\$2,137.56	64+	\$2,168.49	64+	\$2,181.24	64+	\$2,203.56	64+	\$2,222.70

Appendix

Appendix B: Monthly rates by age (continued)

Open Access HSA		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash			
EB-FS / RX K62S		EB-FE / RX K62S		EB-FC / RX K62S		EB-E4 / RX K62S		EB-E5 / RX K62S		EB-EY / RX K62S			
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate		
<15	\$569.96	<15	\$574.51	<15	\$577.68	<15	\$581.02	<15	\$584.18	<15	\$591.02	<15	\$592.72
15	\$620.62	15	\$625.57	15	\$629.03	15	\$632.66	15	\$636.11	15	\$643.55	15	\$645.41
16	\$639.99	16	\$645.10	16	\$648.67	16	\$652.41	16	\$655.97	16	\$663.64	16	\$665.55
17	\$659.36	17	\$664.63	17	\$668.30	17	\$672.16	17	\$675.82	17	\$683.72	17	\$685.70
18	\$680.22	18	\$685.65	18	\$689.44	18	\$693.42	18	\$697.20	18	\$705.36	18	\$707.39
19	\$701.08	19	\$706.68	19	\$710.59	19	\$714.69	19	\$718.59	19	\$726.99	19	\$729.09
20	\$722.69	20	\$728.46	20	\$732.49	20	\$736.72	20	\$740.73	20	\$749.39	20	\$751.56
21	\$745.04	21	\$750.99	21	\$755.14	21	\$759.50	21	\$763.64	21	\$772.57	21	\$774.80
22	\$745.04	22	\$750.99	22	\$755.14	22	\$759.50	22	\$763.64	22	\$772.57	22	\$774.80
23	\$745.04	23	\$750.99	23	\$755.14	23	\$759.50	23	\$763.64	23	\$772.57	23	\$774.80
24	\$745.04	24	\$750.99	24	\$755.14	24	\$759.50	24	\$763.64	24	\$772.57	24	\$774.80
25	\$748.02	25	\$753.99	25	\$758.16	25	\$762.54	25	\$766.69	25	\$775.66	25	\$777.90
26	\$762.92	26	\$769.01	26	\$773.26	26	\$777.73	26	\$781.97	26	\$791.11	26	\$793.40
27	\$780.80	27	\$787.04	27	\$791.39	27	\$795.96	27	\$800.29	27	\$809.65	27	\$811.99
28	\$809.86	28	\$816.33	28	\$820.84	28	\$825.58	28	\$830.08	28	\$839.78	28	\$842.21
29	\$833.70	29	\$840.36	29	\$845.00	29	\$849.88	29	\$854.51	29	\$864.51	29	\$867.00
30	\$845.62	30	\$852.37	30	\$857.08	30	\$862.03	30	\$866.73	30	\$876.87	30	\$879.40
31	\$863.50	31	\$870.40	31	\$875.21	31	\$880.26	31	\$885.06	31	\$895.41	31	\$897.99
32	\$881.38	32	\$888.42	32	\$893.33	32	\$898.49	32	\$903.39	32	\$913.95	32	\$916.59
33	\$892.56	33	\$899.69	33	\$904.66	33	\$909.88	33	\$914.84	33	\$925.54	33	\$928.21
34	\$904.48	34	\$911.70	34	\$916.74	34	\$922.03	34	\$927.06	34	\$937.90	34	\$940.61
35	\$910.44	35	\$917.71	35	\$922.78	35	\$928.11	35	\$933.17	35	\$944.08	35	\$946.81
36	\$916.40	36	\$923.72	36	\$928.82	36	\$934.19	36	\$939.28	36	\$950.26	36	\$953.00
37	\$922.36	37	\$929.73	37	\$934.86	37	\$940.26	37	\$945.39	37	\$956.44	37	\$959.20
38	\$928.32	38	\$935.73	38	\$940.90	38	\$946.34	38	\$951.50	38	\$962.62	38	\$965.40
39	\$940.24	39	\$947.75	39	\$952.99	39	\$958.49	39	\$963.71	39	\$974.98	39	\$977.80
40	\$952.16	40	\$959.77	40	\$965.07	40	\$970.64	40	\$975.93	40	\$987.34	40	\$990.19
41	\$970.04	41	\$977.79	41	\$983.19	41	\$988.87	41	\$994.26	41	\$1,005.89	41	\$1,008.79
42	\$987.18	42	\$995.06	42	\$1,000.56	42	\$1,006.34	42	\$1,011.82	42	\$1,023.66	42	\$1,026.61
43	\$1,011.02	43	\$1,019.09	43	\$1,024.72	43	\$1,030.64	43	\$1,036.26	43	\$1,048.38	43	\$1,051.40
44	\$1,040.82	44	\$1,049.13	44	\$1,054.93	44	\$1,061.02	44	\$1,066.81	44	\$1,079.28	44	\$1,082.40
45	\$1,075.84	45	\$1,084.43	45	\$1,090.42	45	\$1,096.72	45	\$1,102.70	45	\$1,115.59	45	\$1,118.81
46	\$1,117.56	46	\$1,126.49	46	\$1,132.71	46	\$1,139.25	46	\$1,145.46	46	\$1,158.86	46	\$1,162.20
47	\$1,164.50	47	\$1,173.80	47	\$1,180.28	47	\$1,187.10	47	\$1,193.57	47	\$1,207.53	47	\$1,211.01
48	\$1,218.14	48	\$1,227.87	48	\$1,234.65	48	\$1,241.78	48	\$1,248.55	48	\$1,263.15	48	\$1,266.80
49	\$1,271.04	49	\$1,281.19	49	\$1,288.27	49	\$1,295.71	49	\$1,302.77	49	\$1,318.00	49	\$1,321.81
50	\$1,330.64	50	\$1,341.27	50	\$1,348.68	50	\$1,356.47	50	\$1,363.86	50	\$1,379.81	50	\$1,383.79
51	\$1,389.50	51	\$1,400.60	51	\$1,408.34	51	\$1,416.47	51	\$1,424.19	51	\$1,440.84	51	\$1,445.00
52	\$1,454.32	52	\$1,465.93	52	\$1,474.03	52	\$1,482.54	52	\$1,490.63	52	\$1,508.06	52	\$1,512.41
53	\$1,519.88	53	\$1,532.02	53	\$1,540.49	53	\$1,549.38	53	\$1,557.83	53	\$1,576.04	53	\$1,580.59
54	\$1,590.66	54	\$1,603.36	54	\$1,612.22	54	\$1,621.53	54	\$1,630.37	54	\$1,649.44	54	\$1,654.20
55	\$1,661.44	55	\$1,674.71	55	\$1,683.96	55	\$1,693.69	55	\$1,702.92	55	\$1,722.83	55	\$1,727.80
56	\$1,738.18	56	\$1,752.06	56	\$1,761.74	56	\$1,771.91	56	\$1,781.57	56	\$1,802.41	56	\$1,807.61
57	\$1,815.66	57	\$1,830.16	57	\$1,840.28	57	\$1,850.90	57	\$1,860.99	57	\$1,882.75	57	\$1,888.19
58	\$1,898.36	58	\$1,913.52	58	\$1,924.10	58	\$1,935.21	58	\$1,945.75	58	\$1,968.51	58	\$1,974.19
59	\$1,939.34	59	\$1,954.83	59	\$1,965.63	59	\$1,976.98	59	\$1,987.75	59	\$2,011.00	59	\$2,016.80
60	\$2,022.04	60	\$2,038.19	60	\$2,049.45	60	\$2,061.28	60	\$2,072.52	60	\$2,096.75	60	\$2,102.81
61	\$2,093.56	61	\$2,110.28	61	\$2,121.94	61	\$2,134.20	61	\$2,145.83	61	\$2,170.92	61	\$2,177.19
62	\$2,140.50	62	\$2,157.59	62	\$2,169.52	62	\$2,182.04	62	\$2,193.94	62	\$2,219.59	62	\$2,226.00
63	\$2,199.36	63	\$2,216.92	63	\$2,229.17	63	\$2,242.04	63	\$2,254.27	63	\$2,280.63	63	\$2,287.21
64+	\$2,235.12	64+	\$2,252.97	64+	\$2,265.42	64+	\$2,278.50	64+	\$2,290.92	64+	\$2,317.71	64+	\$2,324.40

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-E9 / RX K62S		EB-FA / RX K62S		EB-FH / RX K62S		EB-F4 / RX K62S		EB-F3 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$594.18	<15	\$599.14	<15	\$614.59	<15	\$621.33	<15	\$622.96
15	\$647.00	15	\$652.40	15	\$669.22	15	\$676.56	15	\$678.34
16	\$667.19	16	\$672.76	16	\$690.10	16	\$697.68	16	\$699.51
17	\$687.39	17	\$693.12	17	\$710.99	17	\$718.80	17	\$720.68
18	\$709.14	18	\$715.05	18	\$733.49	18	\$741.54	18	\$743.48
19	\$730.88	19	\$736.98	19	\$755.98	19	\$764.28	19	\$766.28
20	\$753.41	20	\$759.69	20	\$779.28	20	\$787.83	20	\$789.90
21	\$776.71	21	\$783.19	21	\$803.38	21	\$812.20	21	\$814.33
22	\$776.71	22	\$783.19	22	\$803.38	22	\$812.20	22	\$814.33
23	\$776.71	23	\$783.19	23	\$803.38	23	\$812.20	23	\$814.33
24	\$776.71	24	\$783.19	24	\$803.38	24	\$812.20	24	\$814.33
25	\$779.82	25	\$786.32	25	\$806.59	25	\$815.45	25	\$817.59
26	\$795.35	26	\$801.99	26	\$822.66	26	\$831.69	26	\$833.87
27	\$813.99	27	\$820.78	27	\$841.94	27	\$851.19	27	\$853.42
28	\$844.28	28	\$851.33	28	\$873.27	28	\$882.86	28	\$885.18
29	\$869.14	29	\$876.39	29	\$898.98	29	\$908.85	29	\$911.24
30	\$881.57	30	\$888.92	30	\$911.84	30	\$921.85	30	\$924.26
31	\$900.21	31	\$907.72	31	\$931.12	31	\$941.34	31	\$943.81
32	\$918.85	32	\$926.51	32	\$950.40	32	\$960.83	32	\$963.35
33	\$930.50	33	\$938.26	33	\$962.45	33	\$973.02	33	\$975.57
34	\$942.93	34	\$950.79	34	\$975.30	34	\$986.01	34	\$988.60
35	\$949.14	35	\$957.06	35	\$981.73	35	\$992.51	35	\$995.11
36	\$955.35	36	\$963.32	36	\$988.16	36	\$999.01	36	\$1,001.63
37	\$961.57	37	\$969.59	37	\$994.58	37	\$1,005.50	37	\$1,008.14
38	\$967.78	38	\$975.85	38	\$1,001.01	38	\$1,012.00	38	\$1,014.66
39	\$980.21	39	\$988.39	39	\$1,013.87	39	\$1,025.00	39	\$1,027.68
40	\$992.64	40	\$1,000.92	40	\$1,026.72	40	\$1,037.99	40	\$1,040.71
41	\$1,011.28	41	\$1,019.71	41	\$1,046.00	41	\$1,057.48	41	\$1,060.26
42	\$1,029.14	42	\$1,037.73	42	\$1,064.48	42	\$1,076.17	42	\$1,078.99
43	\$1,054.00	43	\$1,062.79	43	\$1,090.19	43	\$1,102.16	43	\$1,105.05
44	\$1,085.06	44	\$1,094.12	44	\$1,122.32	44	\$1,134.64	44	\$1,137.62
45	\$1,121.57	45	\$1,130.93	45	\$1,160.08	45	\$1,172.82	45	\$1,175.89
46	\$1,165.07	46	\$1,174.79	46	\$1,205.07	46	\$1,218.30	46	\$1,221.50
47	\$1,214.00	47	\$1,224.13	47	\$1,255.68	47	\$1,269.47	47	\$1,272.80
48	\$1,269.92	48	\$1,280.52	48	\$1,313.53	48	\$1,327.95	48	\$1,331.43
49	\$1,325.07	49	\$1,336.12	49	\$1,370.57	49	\$1,385.61	49	\$1,389.25
50	\$1,387.20	50	\$1,398.78	50	\$1,434.84	50	\$1,450.59	50	\$1,454.39
51	\$1,448.56	51	\$1,460.65	51	\$1,498.30	51	\$1,514.75	51	\$1,518.73
52	\$1,516.14	52	\$1,528.79	52	\$1,568.20	52	\$1,585.41	52	\$1,589.57
53	\$1,584.49	53	\$1,597.71	53	\$1,638.90	53	\$1,656.89	53	\$1,661.23
54	\$1,658.28	54	\$1,672.11	54	\$1,715.22	54	\$1,734.05	54	\$1,738.59
55	\$1,732.06	55	\$1,746.51	55	\$1,791.54	55	\$1,811.21	55	\$1,815.96
56	\$1,812.06	56	\$1,827.18	56	\$1,874.29	56	\$1,894.86	56	\$1,899.83
57	\$1,892.84	57	\$1,908.63	57	\$1,957.84	57	\$1,979.33	57	\$1,984.52
58	\$1,979.06	58	\$1,995.57	58	\$2,047.01	58	\$2,069.49	58	\$2,074.91
59	\$2,021.78	59	\$2,038.64	59	\$2,091.20	59	\$2,114.16	59	\$2,119.70
60	\$2,107.99	60	\$2,125.58	60	\$2,180.37	60	\$2,204.31	60	\$2,210.09
61	\$2,182.56	61	\$2,200.76	61	\$2,257.50	61	\$2,282.28	61	\$2,288.27
62	\$2,231.49	62	\$2,250.10	62	\$2,308.11	62	\$2,333.45	62	\$2,339.57
63	\$2,292.85	63	\$2,311.98	63	\$2,371.58	63	\$2,397.61	63	\$2,403.90
64+	\$2,330.13	64+	\$2,349.57	64+	\$2,410.14	64+	\$2,436.60	64+	\$2,442.99

Information about HRA/HSA Contribution Requirements under the Affordable Care Act (ACA)

Our goal is to help you understand how the contributions you make to your employees' HSAs and integrated HRAs can affect the actuarial value of your health plan. Under the Affordable Care Act (ACA), plan sponsors are required to offer health coverage to their employees that falls within one of four metallic levels of coverage. Each metallic level has its own range of permitted actuarial values. UnitedHealthcare, as a health insurance issuer, is also obligated to only offer health coverage that falls within the four metallic levels.

It is important to understand that the amount of the contributions that you make to your employees' HSAs or integrated HRAs have an impact on the actuarial value of every plan design we offer to you. Further, with respect to an integrated HRA, the available contribution ranges shown in this proposal/renewal packet are specific to the particular type of HRA (Standard or Select, see definitions below) we have available in your market. We will gladly work with you to make sure you understand the HRA plans available in your market.

Why this is important

Making sure that the employer contribution to HSAs or HRAs fall into the designated dollar amount ranges helps ensure that your plan meets the actuarial value for the metallic level of coverage you have elected for your health plan offering and that you maintain compliance with the requirements of the ACA. Failing to make the contributions as indicated may mean that your selected plan falls below the actuarial value for the metallic level while funding at an amount above may mean the actuarial value for the metallic level has been exceeded. In either circumstance your plan will not be compliant with the requirements of the ACA.

We are offering you the plan you have chosen for your employees based on the understanding that your contributions to your employees' HSA or HRA will be made as set forth in the proposal for new customers or, for existing customers, in the renewal plan documents. In addition, contributions must be available to employees on the first day of the plan year.

If you do not intend to make the contributions or intend to change the amount or timing of the contributions, it may mean that your plans will not fall within the appropriate metallic level and thus may not be compliant with the ACA. We want to ensure that does not happen so are asking that you please contact your UnitedHealthcare representative to let them know of any changes to your plan or to the amount and/or timing of the HSA/HRA contributions you intend to make.

Please take these steps to ensure compliance

1. If you are a new customer, please review the contribution amounts for the plan you have selected. These amounts are shown in your final proposal from UnitedHealthcare. If you are an existing customer, please review the contribution amounts that are shown in your renewal plan documents. If you do not have the appropriate document, please contact your UnitedHealthcare representative, who can provide the information to you.
2. Please make the required HSA/HRA contribution so that it is available on the first day of the plan year.
3. For HRA plans, please ensure that your HRA plan design is such that HRA amounts may only be used to reimburse employees for cost sharing amounts under your plan.
4. Please note your HRA must adhere to the UnitedHealthcare HRA Standard or Select product design available in your market. (See description below.)
5. Please inform us at least 30 days in advance of any plan changes to your plan.

We are committed to ensuring the ACA is implemented successfully and that you, as our customer, know the necessary actions to take. We are here to help you throughout this process, so if you have questions please contact your UnitedHealthcare representative.



UnitedHealthcare Standard HRA plans are available in Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia. Standard HRAs (also known as first dollar HRAs) are designed to pay 100% of the initial claims until the HRA is depleted. The member is then responsible for payment of additional claims until the deductible is satisfied. The maximum HRA contribution amount is equal to 50% of the deductible.

UnitedHealthcare Select HRA plans are available in California, Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Texas, Wisconsin and Wyoming, as Shared or Split. Shared HRA plans pay a percentage of first dollar qualifying expenses up to the HRA contribution limit. The employee is responsible for the remaining percentage of first dollar qualifying expenses. Split Deductible HRA (also called second dollar) plans are designed so the employee is responsible for the first 50% of expenses applying to the deductible; then the Employer funded HRA pays for subsequent qualifying expenses up to the HRA contribution limit. The maximum Employer HRA funding for both Shared and Split Deductible is equal to 50% of the deductible.



**UnitedHealthcare of Wisconsin, Inc.
United HealthCare Insurance Company
Disclosure Notice for Wisconsin Residents**

LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a nonparticipating provider for a Covered Health Service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to the Policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined in the Policy. YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND COPAYMENT AMOUNT AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Nonparticipating providers may bill Covered Persons for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for Covered Health Services with no additional billing to the Covered Person other than copayment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the number on your identification (ID) card or by going to www.myuhc.com.



Get in on UHC Rewards



UnitedHealthcare Rewards is an incentive program where employees can earn dollars for completing a variety of actions, including things they may already be doing. Participants can personalize their experience by choosing what's right for them.

What makes UHC Rewards different?

More than a fitness and wellness program, UHC Rewards goes a step further by combining the best practices from existing incentive programs. UHC Rewards offers:

- **A streamlined digital experience** – Employees may immediately start earning rewards by activating UHC Rewards from the UnitedHealthcare® app and their myuhc.com® account
- **Many ways to earn** – Employees can earn dollars by choosing activities that are right for them, from tracking daily steps, active minutes and sleep, to completing a biometric screening, health survey and more
- **Redeem dollars** – Employees have the potential to earn up to \$1,000* with multiple redemption options



*Annual incentive amount may vary.

Designed to be a win-win



Employers:

Get active participation

The program includes reporting to track program participation, an employer toolkit, videos, member fliers and more to help get your employees engaged.*



Participants:

Get engaged

Designed to give members the choice to participate in a variety of daily tracking goals and one-time reward activities.



Both:

Promote better health

UHC Rewards encourages wellness and promotes better overall health, which may result in lower medical costs for you and your employees as well as increased productivity since healthier employees are typically more productive.³

1 in 3

employees surveyed said they would forgo a pay increase in return for additional well-being offerings for themselves or their families²

Ready to get in? Contact your UnitedHealthcare representative

United Healthcare

*Reporting not available for all lines of business.

¹ UHC Rewards 2023 book of business.

² Mercer. Rise of the Relatable Organization. Global Talent Trends 2022–2023 Study.

³ Center for Disease Control and Prevention (CDC). Increase Productivity. [cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html](https://www.cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html). Accessed February 2023.

Visa is a registered trademark of Visa International Service Association.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Thank you

for choosing UnitedHealthcare.

We appreciate your business and look forward to another year of serving you and your employees.

Your business' needs and priorities may have changed since last year. You don't have to change carriers to get a plan that meets your company's or employees' new or changing needs.

All of us here at UnitedHealthcare are committed to delivering the products and services so you can continue to offer coverage to your employees that makes the most sense for your business situation.

Better information. Better decisions. Better results.

Glossary

Annual Plan Maximum – The maximum dollar amount that a Dental plan will pay toward the cost of care within a specific period, usually a calendar year.

Calendar Year Deductible – A deductible that is calculated based on a calendar year, beginning on January 1 and restarting the following January 1.

Certification of Coverage – A written document provided to members that sets forth the terms of the health plan. It explains among other things coverage, member cost share obligations, appeal rights, and important enrollment information.

Change from Current – The percentage change between the estimated renewal premium and the current premium, which may include rate increases and subscriber changes.

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA applies to employers who general employ 20 or more full-time equivalent employees. It allows employees and dependents who no longer qualify under an employer approved group health plan to continue insurance under the group benefit plan.

Coinsurance – The portion of covered costs that UnitedHealthcare will pay after the deductible is met. There are separate amounts for in-network and out-of-network services.

Contribution Level – Defines the level of contribution made by the employer toward the premium for the plan.

Copay – The fixed dollar amount the member must pay directly to a provider at the time they receive certain services

Deductible – The amount of covered expenses that the insured (member) must pay before the insurance starts paying covered expenses, excluding copays, coinsurance, and non-covered expenses.

Definition of Disability – Description of the level of disability that is covered under the Short Term or Long Term Disability plan.

Elimination Period – also known as the waiting period, defines the amount of time that must pass before the member is eligible to collect benefits.

Flexible Spending Account (FSA) – A dedicated savings account to which employees contribute on a pre-tax basis. The money is then used to get reimbursed for eligible health expenses.

Guaranteed Issue – The amount of life insurance available to the member without having to provide Evidence of Insurability (EOI).

HIPAA – Health Insurance Portability and Accountability Act. This law sets standards for the security and privacy of protected health information. In addition, the law makes it easier for individuals to change jobs without the risk of extended waiting periods due to pre-existing conditions.

HRA – Health Reimbursement Account. An account to which an employer can make contributions that are not taxable to the employee, and which the employee can use to pay for certain covered medical expenses.

HSA – Health Savings Account. A trust or custodial account that is established with a bank, insurance company, or other IRS approved trustee, to pay for certain covered medical expenses with employee pre-tax or taxable contributions, and/or employer non-taxable contributions.

Med/Rx Ded Combined – a plan design in which pharmacy and medical expenses accumulate to the same deductible.

Metallic Levels – An identifier of the level of coverage provided by an ACA-qualified plan based on the actuarial value, i.e. the percentage of health care costs that are covered by the plan. The four levels of coverage are Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%).

Out-of-network – Employees and their covered dependents receiving non-network services may have additional financial responsibility beyond any applicable plan deductible, coinsurance amount, and co-payment. This additional financial responsibility will not apply to any out-of-pocket maximum.

Out-of-pocket maximum – the maximum dollar amount that one pays for covered services in a year under the terms of the health plan.

PCP – A primary care physician is a doctor who is usually trained in pediatrics, internal medicine, obstetrics/gynecology, family practice, or general medicine.

PPACA – Patient Protection and Affordable Care Act. Also known as the “Affordable Care Act”. A law intended to increase access to health care for more Americans that included many changes impacting the commercial health insurance market, Medicare, and Medicaid.

Policy Year Deductible – A deductible that is calculated based on a one year period starting with the effective date of the policy and restarting the follow year on that date.

Pre-Ex Condition Limitation – The number of months after coverage begins, that a disability from a pre-existing condition will be covered.

Subscriber – The person responsible for payment of premiums or whose employment is the basis of eligibility for membership in a plan.

Transitional Relief – Certain states have allowed small employers to retain their Medical plans that do not include the provisions required under PPACA rules.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates, or UnitedHealthcare of Kentucky. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06 and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Benefits for the UnitedHealthcare dental Select Managed Care plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc., Dental Benefit Providers of Illinois, Inc., and UnitedHealthcare of Georgia. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental Select Managed Care/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX(05/03) and UHCLD-POL 2/2008-TX, and in Virginia on LASD-POL(05/03) and UHCLD-POL 2/2008. UnitedHealthcare Insurance Company is located in Hartford, CT, and Unimerica Life Insurance Company is located in Milwaukee, WI.

The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states.

UnitedHealthcare EDGE® plans are only available in states that have implemented the 2007 and 2011 Certificates of Coverage and have the UnitedHealth Premium® designation program.

UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes.

The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with the bank of their choice or through Optum Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account

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Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access HSA	Open Access HSA	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	HMO	HMO	HMO	INS	INS
Plan Code	EB-E2	EB-F6	EB-F5	EB-ET	EB-ES	EB-FJ	EB-EU	EB-FK
Metallic Level	Platinum	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
Network Ded (Single/Family)	\$2,000/\$4,000	\$6,650/\$13,300	\$6,650/\$13,300	\$6,500/\$13,000	\$7,250/\$14,500	\$7,000/\$14,000	\$7,250/\$14,500	\$7,000/\$14,000
Non-Network Ded (Single/Family)	\$5,000/\$10,000	\$13,000/\$14,900	\$13,000/\$14,900	NA/NA	\$13,000/\$26,000	\$8,000/\$16,000	\$13,000/\$26,000	\$8,000/\$16,000
Network OOPM (Single/Family)	\$2,500/\$5,000	\$8,000/\$16,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Non-Network OOPM (Single/Family)	\$10,000/\$20,000	\$13,000/\$25,800	\$13,000/\$25,800	NONE/NONE	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400
Office Copays (PCP/Spec)	\$5/\$10	NA/NA	NA/NA	\$45/\$90	\$45/\$80	\$40/\$80	\$45/\$80	\$40/\$80
Coinsurance	100%/70%	100%/80%	100%/80%	80%/NA	80%/60%	80%/60%	80%/60%	80%/60%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,571.22	\$4,238.74	\$4,271.06	\$4,324.50	\$4,350.04	\$4,359.01	\$4,381.60	\$4,390.64
Savings from Highest	3.31%	26.44%	25.88%	24.95%	24.51%	24.35%	23.96%	23.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA w/ Prem Rewards	Open Access HSA
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	INS	HMO	INS	HMO	HMO	INS
Plan Code	EB-FQ	EB-FP	EB-FR	EB-FY	EB-FL	EB-FM	EB-F2	EB-FW
Metallic Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Network Ded (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000
Non-Network Ded (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000	\$8,000/\$16,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Network OOPM (Single/Family)	\$7,750/\$15,500	\$7,750/\$15,500	\$7,750/\$15,500	\$7,350/\$14,700	\$7,350/\$14,700	\$8,300/\$16,600	\$8,300/\$16,600	\$8,300/\$16,600
Non-Network OOPM (Single/Family)	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800
Office Copays (PCP/Spec)	\$30/\$60	\$30/\$60	\$30/\$60	NA/NA	NA/NA	\$30/\$60	\$30/\$60	\$30/\$60
Coinsurance	100%/80%	100%/80%	100%/80%	80%/60%	80%/60%	80%/60%	100%/80%	80%/60%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,447.05	\$4,478.61	\$4,478.61	\$4,489.88	\$4,521.51	\$4,553.82	\$4,577.11	\$4,584.61
Savings from Highest	22.82%	22.28%	22.28%	22.08%	21.53%	20.97%	20.57%	20.44%

Customer Name: VILLAGE OF KRONENWETTER
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Section

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access HSA w/ Prem Rewards	Open Access w/Care Cash	Premier w/Care Cash	Premier w/Care Cash	Premier w/Care Cash	Open Access w/Care Cash	Premier w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	INS	HMO	INS	HMO	HMO	INS
Plan Code	EB-EZ	EB-FZ	EB-EW	EB-GB	EB-GC	EB-F9	EB-FB	EB-F7
Metallic Level	Gold	Silver	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Non-Network Ded (Single/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$7,000/\$14,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$8,100/\$16,200	\$8,300/\$16,600	\$8,100/\$16,200	\$7,000/\$14,000	\$7,000/\$14,000	\$6,300/\$12,600	\$7,350/\$14,700	\$6,300/\$12,600
Non-Network OOPM (Single/Family)	\$11,000/\$22,000	\$12,900/\$25,800	\$11,000/\$22,000	\$10,000/\$20,000	\$20,000/\$40,000	\$10,000/\$20,000	\$11,000/\$22,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$20/\$40	\$30/\$60	\$20/\$40	\$15/\$100	\$15/\$100	\$15/\$100	\$20/\$40	\$15/\$100
Coinsurance	80%/50%	100%/80%	80%/50%	80%/50%	80%/50%	80%/50%	80%/50%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,601.96	\$4,608.67	\$4,633.51	\$4,633.51	\$4,653.81	\$4,704.98	\$4,715.46	\$4,726.75
Savings from Highest	20.14%	20.02%	19.59%	19.59%	19.24%	18.35%	18.17%	17.97%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Premier w/Care Cash	Premier w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	HMO	INS	INS	HMO	INS
Plan Code	EB-E6	EB-FF	EB-E3	EB-FG	EB-FD	EB-E7	EB-F8	EB-GA
Metallic Level	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$2,500/\$5,000	\$2,000/\$4,000	\$5,000/\$10,000	\$3,500/\$7,000	\$2,000/\$4,000	\$3,500/\$7,000	\$1,500/\$3,000	\$1,500/\$3,000
Non-Network Ded (Single/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$5,000/\$10,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$7,350/\$14,700	\$6,500/\$13,000	\$7,000/\$14,000	\$8,500/\$17,000	\$6,500/\$13,000	\$8,500/\$17,000	\$6,500/\$13,000	\$6,500/\$13,000
Non-Network OOPM (Single/Family)	\$11,000/\$22,000	\$11,000/\$22,000	\$20,000/\$40,000	\$10,000/\$20,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$20/\$40	\$20/\$80	\$25/\$50	\$15/\$30	\$20/\$80	\$15/\$30	\$15/\$100	\$15/\$100
Coinsurance	80%/50%	80%/50%	80%/60%	100%/70%	80%/50%	100%/70%	80%/50%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,746.30	\$4,754.58	\$4,765.81	\$4,765.81	\$4,785.43	\$4,796.68	\$4,820.74	\$4,851.58
Savings from Highest	17.63%	17.49%	17.29%	17.29%	16.95%	16.76%	16.34%	15.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access HSA	Open Access HSA	Open Access HSA w/Prem Rewards	Open Access HSA w/Prem Rewards	Open Access HSA
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO
License Type	HMO	INS	INS	HMO	INS	HMO	INS	INS
Plan Code	EB-EX	EB-E8	EB-EV	EB-FV	EB-FT	EB-FX	EB-FO	EB-FN
Metallic Level	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500	\$2,250/\$4,500	\$2,000/\$4,000
Non-Network Ded (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$5,000/\$10,000	\$5,700/\$11,400	\$5,700/\$11,400	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Network OOPM (Single/Family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,000/\$16,000	\$5,000/\$7,000	\$5,000/\$7,000	\$8,000/\$8,500	\$8,000/\$8,500	\$8,000/\$8,500
Non-Network OOPM (Single/Family)	\$20,000/\$40,000	\$20,000/\$40,000	\$13,200/\$26,400	\$13,100/\$26,200	\$13,100/\$26,200	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800
Office Copays (PCP/Spec)	\$30/\$60	\$30/\$60	\$25/\$50	\$30/\$60	\$30/\$60	\$20/\$40	\$20/\$40	\$30/\$60
Coinsurance	100%/70%	100%/70%	80%/60%	80%/60%	80%/60%	100%/80%	100%/80%	100%/80%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,855.34	\$4,886.20	\$4,947.82	\$5,011.01	\$5,041.79	\$5,114.75	\$5,144.83	\$5,197.48
Savings from Highest	15.74%	15.20%	14.13%	13.04%	12.50%	11.24%	10.71%	9.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access HSA	Open Access HSA	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	HMO	INS	HMO	INS	HMO	INS
Plan Code	EB-FU	EB-FS	EB-FE	EB-FC	EB-E4	EB-E5	EB-EY	EB-FI
Metallic Level	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
Network Ded (Single/Family)	\$1,700/\$3,300	\$1,700/\$3,300	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$3,000	NONE/NONE
Non-Network Ded (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$7,500/\$8,000	\$7,500/\$8,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Non-Network OOPM (Single/Family)	\$12,900/\$25,800	\$12,900/\$25,800	\$11,000/\$22,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$35/\$70	\$35/\$70	\$20/\$80	\$20/\$80	\$10/\$30	\$10/\$30	\$20/\$40	\$30/\$60
Coinsurance	100%/80%	100%/80%	80%/50%	80%/50%	100%/70%	100%/70%	100%/70%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,242.59	\$5,271.90	\$5,314.00	\$5,343.37	\$5,374.24	\$5,403.50	\$5,466.70	\$5,482.49
Savings from Highest	9.02%	8.51%	7.78%	7.27%	6.73%	6.23%	5.13%	4.85%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Section

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	INS	INS
Plan Code	EB-E9	EB-FA	EB-FH	EB-F4	EB-F3
Metallic Level	Platinum	Platinum	Platinum	Platinum	Platinum
Network Ded (Single/Family)	\$1,000/\$3,000	\$2,000/\$4,000	NONE/NONE	NONE/NONE	NONE/NONE
Non-Network Ded (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$15,000/\$30,000	\$10,000/\$20,000	\$10,000/\$20,000
Network OOPM (Single/Family)	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$4,500/\$9,000	\$3,500/\$7,000
Non-Network OOPM (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$30,000/\$60,000	\$20,000/\$40,000	\$20,000/\$40,000
Office Copays (PCP/Spec)	\$20/\$40	\$5/\$10	\$15/\$45	\$35/\$75	\$35/\$75
Coinsurance	100%/70%	100%/70%	100%/70%	100%/70%	100%/70%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,496.00	\$5,541.84	\$5,684.71	\$5,747.13	\$5,762.20
Savings from Highest	4.62%	3.82%	1.34%	0.26%	-