# CITY OF LANDER

## SPECIAL CITY COUNCIL MEETING

**Tuesday, April 28, 2026 at 6:00 PM**

**City Council Chambers, 240 Lincoln Street**

## AGENDA

**Join Zoom Meeting**
https://us06web.zoom.us/j/82960541948

**1. CALL TO ORDER**

A. Pledge of Allegiance

B. Roll Call

**2. APPROVAL OF AGENDA**

**3. UNFINISHED BUSINESS (ACTION ITEMS)**

A. Approve a motion to resume consideration and possible action on the motion for third and final reading and approval of Ordinance 2025-13, repealing City of Lander Municipal Code Title 2 – Sale, Licensing, and Use of Alcoholic and Malt Beverages, Sections 2-1-1 through 2-5-1, in its entirety, and replacing it with Title 2 – Sale, Licensing, and Use of Alcoholic and Malt Beverages, Sections 2-1-1 through 2-6-1. This item was previously postponed until April 14, 2026, to allow additional time for discussion and consideration, but was not taken up.

**4. NEW BUSINESS (ACTION ITEMS)**

A. Approve motion to postpone third and final reading and final approval of Ordinance 2025-13 Repealing City Of Lander Municipal Code Title 2 –Sale, Licensing and Use Of Alcoholic and Malt Beverages, Sections 2-1-1 Through 2-5-1 in its Entirety and Replacing It With Title 2 – Sale, Licensing and Use Of Alcoholic and Malt Beverages Sections 2-1-1 Through 2-6-1 until May 26, 2026, with a work session discussion on May 12, 2026, to provide more time for discussion and consideration.

B. Authorize renewal of employee health insurance plan administered through Wyoming Educators Benefit Trust (WEBT) and authorize the Mayor to sign Employer Selection and Employer/Employee Contribution Split for FY 2026 2027

**5. ADJOURNMENT**

**Upcoming Council Meetings:**

**Regular Meetings:**

6:00 PM Tuesday May 12, 2026 City Council Chambers

6:00 PM Tuesday May 26, 2026 City Council Chambers

**All meetings are subject to cancellation or change.**

# City of Lander
# Effective July 1, 2026

| | Single | 2 Adults | Adult + Dep | Family |
|---|---|---|---|---|
| $3,500 Deductible Plan | $ 1,101.00 | $ 2,174.00 | $ 1,892.00 | $ 2,987.00 |
| Standard Option Dental | $ 36.00 | $ 92.00 | $ 74.00 | $ 109.00 |
| Employer Paid Vision | $ 8.00 | $ 11.00 | $ 14.00 | $ 22.00 |
| Life & AD&D | Per $1,000 is $0.225 | | Dependent Life $1.25/Employee | |

| ***OPTIONS*** | | | | |
|---|---|---|---|---|
| $1,000 Deductible Plan | $ 1,399.00 | $ 2,762.00 | $ 2,404.00 | $ 3,795.00 |
| $1,500 Deductible Plan | $ 1,301.00 | $ 2,569.00 | $ 2,236.00 | $ 3,529.00 |
| $2,500 Deductible Plan | $ 1,198.00 | $ 2,364.00 | $ 2,058.00 | $ 3,249.00 |
| $5,000 Deductible Plan | $ 1,002.00 | $ 1,978.00 | $ 1,722.00 | $ 2,718.00 |
| $1,700 HDHP | $ 1,354.00 | $ 2,674.00 | $ 2,327.00 | $ 3,674.00 |
| $2,500 HDHP | $ 1,230.00 | $ 2,428.00 | $ 2,113.00 | $ 3,336.00 |
| $3,500 HDHP | $ 1,132.00 | $ 2,235.00 | $ 1,945.00 | $ 3,071.00 |
| $5,000 HDHP | $ 1,028.00 | $ 2,031.00 | $ 1,767.00 | $ 2,790.00 |
| High Option Dental | $ 39.00 | $ 99.00 | $ 80.00 | $ 118.00 |
| Voluntary Vision | $ 10.00 | $ 14.00 | $ 18.00 | $ 26.00 |

I acknowledge that I have received the above plan options and rates for consideration for the plan year beginning July 1, 2026.

Received by: _____ Date: _____

Title: _____

# Employer/Employee Contribution Split Dollar Amounts

Please select from the following options:

☐ Do show rates on WEBT Portal
- Dollar amounts will be entered on the WEBT Online Portal, so please complete contribution amounts (in dollars) below.

☐ Do NOT show rates on WEBT Portal

If you have contribution splits other than outlined below, please email the details to your WEBT representative. However, please note, the amounts will not be shown on the WEBT Portal.

**Medical Plan(s)**

Deductible: $2500

| | Employer | Employee |
|---|---|---|
| Single | $ 956.64 | $ 241.36 |
| 2 Adults | $ 1905.57 | $ 458.43 |
| Single + Dep | $ 1653.09 | $ 404.91 |
| Family | $ 2601.01 | $ 647.99 |

Deductible: $3500

| | Employer | Employee |
|---|---|---|
| Single | $ 956.64 | $ 144.36 |
| 2 Adults | $ 1905.57 | $ 268.43 |
| Single + Dep | $ 1653.09 | $ 238.91 |
| Family | $ 2601.01 | $ 385.99 |

Deductible: $5000

| | Employer | Employee |
|---|---|---|
| Single | $ 956.64 | $ 45.36 |
| 2 Adults | $ 1905.57 | $ 72.43 |
| Single + Dep | $ 1653.09 | $ 68.91 |
| Family | $ 2601.01 | $ 116.99 |

**Dental Plan**

| | Employer | Employee |
|---|---|---|
| Single | $ — | $ 36.00 |
| 2 Adults | $ — | $ 92.00 |
| Single + Dep | $ — | $ 74.00 |
| Family | $ — | $ 109.00 |

**Vision Plan**

| | Employer | Employee |
|---|---|---|
| Single | $ 8.00 | $ — |
| 2 Adults | $ 11.00 | $ — |
| Single + Dep | $ 14.00 | $ — |
| Family | $ 22.00 | $ — |

**Employer Paid Life***

| | |
|---|---|
| Life and AD&D | $3.38 |
| Dependent Life | $1.25 |

*Premiums reduce beginning at age 65; see life summary for details.

The above employer/employee contribution splits will remain in effect from July 1, 2026 through June 30, 2027. If any changes are made, you must notify your WEBT representative.

Group Name City of Lander Branch WEBT

Authorized by _____ Date _____


# EMPLOYER PLAN SELECTION

This form must be completed and returned to WTW no later than April 30, 2026. Effective July 1, 2026, ~~Albany County Public Library~~ City of Lander selects the following benefit options to be offered to our staff.

_____**NO PLAN CHANGES, DELETIONS OR ADDITIONS**

**MEDICAL (Maximum of 3 options per group)**

_____ $1,000 Deductible Plan
_____ $1,500 Deductible Plan
__X__ $2,500 Deductible Plan
__X__ $3,500 Deductible Plan
__X__ $5,000 Deductible Plan
_____ $1,700 High Deductible Health Plan
_____ $2,500 High Deductible Health Plan
_____ $3,500 High Deductible Health Plan
_____ $5,000 High Deductible Health Plan

**DENTAL**

__X__ Standard Option Dental _____ High Option Dental

**VISION**

__X__ Employer Paid Vision _____ Voluntary Vision

**LIFE**

__X__ Life and AD&D __X__ Dependent Life

Group Name City of Lander Branch WEBT

Authorized by _____ Date _____