



FINANCE COMMITTEE MEETING AGENDA

MONDAY, SEPTEMBER 28, 2026 AT 5:30 PM

MUNICIPAL BUILDING COUNCIL CHAMBERS – 106 JONES STREET, WATERTOWN, WI 53094

1. CALL TO ORDER

2. REVIEW AND APPROVE MINUTES

A. Finance Committee minutes from September 14, 2026

3. OPENING FOR PUBLIC COMMENT

Each individual who would like to address the Committee will be permitted up to three minutes for their comments on agenda items only

4. BUSINESS

A. Discuss and take possible action: transition of group dental insurance plan to self-insured model

B. Discuss and take possible action: Renewal options on Dean Health Plan

C. Convene into closed session per §19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved (Claim of Milbrath)

D. Reconvene into open session

E. Review and take action: Claim of Milbrath

F. Convene into closed session per §19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved (Claim of Klempen)

G. Reconvene into open session

H. Review and take action: Claim of Klempen

I. Convene into closed session per § 19.85(1)(e) Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session (Fire Union Collective Bargaining Agreement Negotiations)

J. Reconvene into open session

5. ADJOURNMENT

Persons requiring other reasonable accommodations for any of the above meetings, may contact the office of the City Clerk at cityclerk@watertownwi.gov phone 920-262-4000

A quorum of any City of Watertown Council, Committee, Board, Commission, or other body, may be present at this meeting for observing and gathering of information only



FINANCE COMMITTEE MEETING MINUTES

MONDAY, SEPTEMBER 14, 2026, AT 5:30 PM

MUNICIPAL BUILDING COUNCIL CHAMBERS, 106 JONES STREET, WATERTOWN, WI 53094

Finance Committee members present: Mayor Stocks, Alderpersons Arnett, Blanke, Smith

Others present: Finance Director Stevens

1. Mayor Stocks called the meeting to order at 5:33 p.m.
2. Ald. Blanke moved, seconded by Ald. Smith, to approve the **minutes from the August 24** meeting. Unanimously approved.
3. Ald. Arnett made a presentation of the city's infrastructure history that was recently shared with the Public Works Committee. Over the decades, a backlog of infrastructural needs has accumulated. An estimate of the greatest needs is more than \$150 million. Other necessary projects total an additional \$90 million.
4. Ald. Blanke moved, supported by Ald. Smith, to convene into **closed session** per §19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility and per §19.85(1)(e) to deliberate or negotiate the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session (**IGA for Law Enforcement IT Services**). Unanimously approved via roll call vote.
5. After reconvening into open session, Ald. Arnett, seconded by Ald. Smith, moved to recommend to Council that the City give appropriate notice to Jefferson County regarding the IGA for Law Enforcement IT Services. Unanimously approved.
6. Ald. Blanke moved to adjourn the Finance Committee at 6:13 p.m., seconded by Ald. Arnett, and the motion was carried by unanimous voice vote.

Respectfully submitted,

Mark Stevens, Finance Director

Note: These minutes are uncorrected, and any corrections made thereto will be noted in the proceedings at which these minutes are approved.

To: Finance Committee
From: Mark Stevens
Date: September 28, 2026
RE: Dental Insurance Transition from fully-insured plan to self-insured model

Overview

Our insurance broker, USI, has recommended that the City transition from its traditional fully-insured dental plan to a self-insured model. USI reports that approximately 90% of its clients with comparable group sizes (150–200 family units) utilize self-insured dental plans.

Concise Difference Between Fully-Insured and Self-Insured Dental Plans

Fully-insured: City pays premiums; insurance carrier (InsCo) pays claims

- City pays fixed monthly premiums to InsCo
- InsCo assumes all financial risk and reward
- Employees receive dental care; InsCo applies network discounts and pays providers using InsCo's checkbook

Self-funded: City pays actual cost of claims instead of premiums; InsCo processes claims

- City sets aside money in a dedicated dental fund
- Employees receive dental care; InsCo applies network discounts and pays providers using City's checkbook
- InsCo invoices the City monthly for administrative fee associated with claims processing

Two bids were obtained for administrative services: Guardian at \$4.80 per employee per month (PEPM) and Delta Dental at \$5.00 PEPM. Although Guardian's proposal is slightly lower—saving about \$415 per year—Delta Dental continues to provide great value. Delta provides strong service performance (18-second average phone connection; 99% claims and financial accuracy), excellent network strength (97% of all procedures performed by Delta Dental network dentists this past year), and highly effective cost-management tools (consultant review, eligibility verification, and reductions to maximum plan allowance generating 43.2% savings off billed charges). To avoid employee disruption and maintain proven performance, I recommend we continue to utilize Delta Dental.

Delta Dental Renewal Information

Delta Dental's fully-insured renewal reflects a 9.0% increase for the 2027 contract year, raising single rates from \$34.86 to \$38.00 and family rates from \$107.33 to \$116.99.

Summary of Self-Insurance Advantages and Risks

Advantages:

- Eliminates carrier profit margins and premium taxes
- Allows greater flexibility in plan design
- Improves cash flow by paying only actual claims

- Provides long-term stability due to predictable dental claims; self-funded plans often increase more slowly than fully insured premium renewals

Risks:

- Claims variability may exceed projections although dental claims are typically stable
- City assumes administrative and fiduciary responsibilities
- Some employees may view self-funded plans as less secure or slower
- Optional stop-loss coverage may add cost, though USI does not recommend if for dental plans

Funding Structure for a Self-Insured Plan

A self-insured dental plan includes funding for claims, administration, and reserves. Dental reserves are small due to fast claim turnaround and low volatility. My recommended reserve target is approximately one month of combined claims and administrative fees ($\approx$ \$15,600).

2027 Funding Rates

- Single: \$36.50 (higher than current \$34.86; lower than Delta's \$38.00 renewal)
- Family: \$113.00 (higher than current \$107.33; lower than Delta's \$116.99 renewal)

Projected first-year reserve contribution: approximately \$5,000

Administrative Structure & Accounting Treatment

If the City adopts a self-insured plan, it should establish a dedicated self-insured dental fund to track contributions, claims, administrative fees, and reserve balances.

Request

I recommend that the Finance Committee:

1. Authorize creation of a new accounting Dental Self-Insurance Fund for 2027
2. Approve transitioning the dental plan to a self-insured model effective January 1, 2027 and adopt funding rates of \$36.50 (single) and \$113.00 (family)
3. Continue utilizing the Delta Dental network and approve Delta's administrative fee of \$5.00 PEPM



FULLY-INSURED DENTAL PLAN



SELF-INSURED DENTAL PLAN



To: Finance Committee
From: Mark Stevens
Date: September 28, 2026
RE: 2027 Dean Health Plan Renewal Options

Overview

2027 is the final year of our three-year agreement with Dean Health Plan (2026: not to exceed 9.9% increase; 2027: not to exceed 14.9% increase). I am pleased to report that our 2026 increase was 8.6%, and that our 2027 increase will be no more than 9.0%, but we have worked to reduce this renewal through plan design adjustments.

Plan Design Options

When transitioning to a non-ETF plan, our request to insurance carriers was to quote an apples-to-apples comparison to the State plan. The Dean HMO-MultiTier aligned most closely with that design, and we have used it during 2025-2026. (Under the MultiTier model, insureds receive reduced copays when using SSM/Dean clinic providers.) For the upcoming renewal, I requested that our broker explore modest modifications to either the co-pay amounts or the deductible levels to help lower overall cost.

It is a straightforward decision to move away from the MultiTier option. Most of our employees do not live near SSM/Dean clinic locations and therefore do not benefit from the discounted copays. The non-tiered plans offer copay levels that fall between the MultiTier tiers or match the current non-Dean clinic copay amounts, making the non-tiered option both simpler and more equitable for our group.

Summary of Renewal Options

The benefit summaries of all plans follow this memo. The key differences are noted in this chart:

	MultiTier 1-0	HMO Plan 1-1	HMO Plan 1-3	HMO Plan 1-4
Deductible (S/F)	\$500 /\$1000	\$500 /\$1000	\$750 /\$1500	\$500 /\$1000
Primary Office Copay	\$0 Dean / \$40 non-Dean	\$20	\$20	\$40
Specialist Office Copay	\$40 Dean / \$80 non-Dean	\$40	\$40	\$80
Urgent Care in network	\$0 Dean / \$40 non-Dean	\$20	\$20	\$40
Urgent Care out of network	\$40	\$20	\$20	\$40
Prem incr fr 2026	9.0%	6.6%	4.5%	4.0%
Savings from 1-0		\$90,267	\$169,515	\$188,342

Request

I recommend that the Finance Committee:

1. Authorize moving to the HMO Plan 1-4 structure, which maintains our existing deductible levels but removes the Dean clinic discounted copays. Under this change, the non-union employees paying 12% of premiums will see the following annual increases:
 - a. Single: \$55.20 (\$2.30 per pay period over 24 checks)
 - b. Family: \$135.36 (\$5.64 per pay period over 24 checks)
2. Apply the same copay adjustments to the POS Plan (2-4) so plan design changes are consistent across both the HMO and POS offerings.

High-Deductible Health Plan (HDHP) Addition

USI, our broker, is recommending that the City offer a HDHP as an additional health coverage option for employees who anticipate lower medical utilization and prefer a plan with lower monthly premiums. Adding an HDHP would broaden our benefit choices and allow employees to select coverage that better matches their personal health-care spending patterns.

Offering an HDHP provides several advantages:

- Lower Premium Option for Employees: HDHPs typically have lower premiums than traditional HMO and PPO plans, creating meaningful savings for employees who use limited medical services.
- Encourages Consumer-Driven Health Care: HDHPs promote more engaged decision-making, as employees tend to be more mindful of cost and utilization when paired with a pre-tax savings vehicle.
- Tax-Advantaged Savings Opportunities: An HDHP can be paired with either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA), both of which provide tax-favored ways to pay for eligible medical expenses.
- Added Flexibility in Plan Design: HDHPs give the City another tool in managing long-term cost trends by diversifying plan choices and meeting the needs of employees across different age groups, utilization levels, and family structures.
- Competitive Benefits Offering: Most public-sector employers now include an HDHP option. Adding this plan helps us remain competitive in recruitment and retention.

Because HSAs and HRAs each offer different advantages—in terms of tax treatment, employer funding flexibility, and administrative complexity—additional evaluation is needed before recommending the structure best suited for the City.

Request

I recommend that the Finance Committee authorize Finance and HR to further analyze and develop an HDHP offering for the 2027 plan year, including a review of both HSA and HRA funding models. This would allow us to determine the most cost-effective structure, ensure compliance with IRS requirements, and deliver an option that best serves our employees.

CITY OF WATERTOWN (#C01254)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2027 - December 31, 2027

Alternates for HMO MultiTier Plan

Alternates for HMO MultiTier Plan											
HMO-MultiTier			HMO-MultiTier			HMO-MultiTier			HMO-MultiTier		
\$0	OV Copay	\$500 Ded	\$0	OV Copay	\$500 Ded	\$0	OV Copay	\$500 Ded	\$0	OV Copay	\$500 Ded
0% Coins			0% Coins			0% Coins			0% Coins		
\$1,750/\$3,500 Limit			\$1,750/\$3,500 Limit			\$1,750/\$3,500 Limit			\$1,750/\$3,500 Limit		
\$10/\$35/\$60/30% Rx			\$10/\$35/\$60/30% Rx			\$10/\$35/\$60/30% Rx			\$10/\$35/\$60/30% Rx		
Current Rates			Renewal Rates			Increase			Over Current		
HMO06561			Plan 1 - 0			Plan 1 - 1			Plan 1 - 2		
\$965.09			\$1,051.94			\$1,028.68			\$908.15		
\$2,369.30			\$2,582.51			\$2,525.41			\$2,229.51		
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Plan Code: HMO07048 / PHA05657

Plan Type: Value Choice

Network: HMO-MultiTier

Contract: Contract Year

Plan 1-0

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	Tier 1: \$0 copay / Tier 2: \$40 copay	Not Covered
Specialist Office Visit Charge	Tier 1: \$40 copay / Tier 2: \$80 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,750 single / \$3,500 family	Not Applicable

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered		
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
In-Network	\$10 copay	\$35 copay	\$60 copay
Out-of-Network	Not Covered	Not Covered	Not Covered

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	Tier 1: \$0 copay / Tier 2: \$40 copay (and/or 0% coinsurance after deductible)	\$40 copay and/or 0% coinsurance after deductible
Emergency Room Services*	Tier 1: \$125 copay / Tier 2: \$125 copay (and/or 0% coinsurance after deductible)	\$125 copay and/or 0% coinsurance after deductible
Ambulance	\$125 copay	\$125 copay

* copay is waived if admitted

Additional Plan Design Attributes

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

Quote ID# 0558457-06

Date Prepared: 9/24/2026 8:23:28 AM

Plan Code: 12757285

Plan Type: Copay

Network: HMO

Contract: Contract Year **Plan 1-1**

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	\$20 copay	Not Covered
Specialist Office Visit Charge	\$40 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,750 single / \$3,500 family	Not Applicable

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered		
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
In-Network	\$10 copay	\$35 copay	\$60 copay
Out-of-Network	Not Covered	Not Covered	Not Covered

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	\$20 copay and/or 0% coinsurance after deductible	\$20 copay and/or 0% coinsurance after deductible
Emergency Room Services*	\$125 copay and/or 0% coinsurance after deductible	\$125 copay and/or 0% coinsurance after deductible
Ambulance	\$125 copay	\$125 copay

* copay is waived if admitted

Additional Plan Design Attributes

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

Plan Code: 12850830

Plan Type: Copay

Network: HMO

Contract: Contract Year

Plan 1-3

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$750 single / \$1,500 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	\$20 copay	Not Covered
Specialist Office Visit Charge	\$40 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$2,000 single / \$4,000 family	Not Applicable

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered		
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>
In-Network	\$10 copay	\$35 copay	\$60 copay
Out-of-Network	Not Covered	Not Covered	Not Covered

30% coinsurance

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	\$20 copay and/or 0% coinsurance after deductible	\$20 copay and/or 0% coinsurance after deductible
Emergency Room Services*	\$125 copay and/or 0% coinsurance after deductible	\$125 copay and/or 0% coinsurance after deductible
Ambulance	\$125 copay	\$125 copay

* copay is waived if admitted

Additional Plan Design Attributes

--

This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

Plan Code: 12850835

Plan Type: Copay

Network: HMO

Contract: Contract Year **Plan 1-4**

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	\$40 copay	Not Covered
Specialist Office Visit Charge	\$80 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,750 single / \$3,500 family	Not Applicable

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable	
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$35 copay	\$60 copay	30% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	\$40 copay and/or 0% coinsurance after deductible	\$40 copay and/or 0% coinsurance after deductible
Emergency Room Services*	\$125 copay and/or 0% coinsurance after deductible	\$125 copay and/or 0% coinsurance after deductible
Ambulance	\$125 copay	\$125 copay

* copay is waived if admitted

Additional Plan Design Attributes

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

Quote ID# 0558457-06

Date Prepared: 9/24/2026 8:23:28 AM

CITY OF WATERTOWN (#C01254)

Dean Health Plan

Rate Sheet

Rates Effective: January 1, 2027 - December 31, 2027

Alternates for POS Plan

POS	POS HDHP	POS	POS HDHP	POS
\$20 OV Copay	\$3,000 Ded	\$20 OV Copay	\$3,500 Ded	\$40 OV Copay
\$500 Ded	0% Coins	\$750 Ded	0% Coins	\$500 Ded
0% Coins	\$3,000/\$6,000 Limit	0% Coins	\$3,500/\$7,000 Limit	0% Coins
\$1,750/\$3,500 Limit	0%/0%/0%/0% Rx	\$2,000/\$4,000 Limit	0%/0%/0%/0% Rx	\$1,750/\$3,500 Limit
\$10/\$35/\$60/30% Rx		\$10/\$35/\$60/30% Rx		\$10/\$35/\$60/30% Rx

Enrollment	Subscribers	Members
Subscriber Only	1	1
Subscriber + Family	2	6
Subtotal Active	3	7

Medicare Eligible Enrollment

Subscriber Only, Medicare	0	0
Subscriber + One, 2 w/ Medicare	0	0
Subscriber + One, 1 w/ Medicare	0	0
Subscriber + Family, 1 w/ Medicare	0	0
Subscriber + Family, 2 or more w/ Medicare	0	0
Subtotal Medicare Eligible	0	0

Total	3	7
Monthly Premium	\$6,265.85	
Annual Premium	\$75,190	

Change from Current Rates

RENEWAL ACCEPTANCE	Medical code	POS05279
Please select one of the following:	Pharmacy code	PHA05656

Renew with renewing plan indicated above

Renew with a plan change

Circle desired alternative above

Plan changes made less than 45 days prior to the renewal will result in a second SBC mailing

Title:

Signature:

Date:

Please return this page to:

Chris Centi
Account Manager
Dean Health Plan
Direct: 608-220-2203
Fax: 608-252-0834
E-Mail: chris.centi@deancare.com

To ensure a correct January billing statement and correct SBC information is mailed to your insured employees, return this renewal acceptance no later than Friday, November 20, 2026

All plans noted as Focus include only Dean Clinic & SSM Affiliates locations in Dane, Rock & Sauk counties.

To view your SBC information please contact your Account Executive

If you cannot locate your SBC, please contact your Account Executive for assistance.

Section 4, Item B.

9/24/2026 8:23 AM

Quote # 0558457-06