CEBT
Benefit by Trust

BRANCH
BBG8

Town of Oak Creek

Renewal and Optional Monthly Rates Effective July 01, 2023

Current Plans: PPO5; Life A; EAP Active
Current Network: United Choice Plus
Life Coverage: $20k Base

		EE Only	EE +Spouse	EE + Child	EE +Children	EE +Family	Percent change
Medical (PPO2)	current	$1,086	$2,173	$2,009	$2,009	$2,607	
($600 deductible)	**renewal**	**$1,135**	**$2,271**	**$2,099**	**$2,099**	**$2,724**	**4.50%**
Medical (PPO3)	current	$915	$1,864	$1,722	$1,722	$2,237	
($1,000 deductible)	**renewal**	**$956**	**$1,948**	**$1,799**	**$1,799**	**$2,338**	**4.50%**
Medical (PPO4)	current	$814	$1,658	$1,533	$1,533	$1,990	
($1,500 deductible)	**renewal**	**$851**	**$1,733**	**$1,602**	**$1,602**	**$2,080**	**4.50%**
Medical (PPO5)	current	$754	$1,533	$1,418	$1,418	$1,841	
($2,500 deductible)	**renewal**	**$788**	**$1,602**	**$1,482**	**$1,482**	**$1,924**	**4.50%**
Medical (PPO6)	current	$694	$1,412	$1,305	$1,305	$1,693	
($3,000 deductible)	**renewal**	**$725**	**$1,476**	**$1,364**	**$1,364**	**$1,769**	**4.50%**
Medical (PPO7)	current	$638	$1,297	$1,201	$1,201	$1,560	
($4,000 deductible)	**renewal**	**$667**	**$1,355**	**$1,255**	**$1,255**	**$1,630**	**4.50%**
Medical (PPO8)	current	$600	$1,220	$1,128	$1,128	$1,467	
($5,000 deductible)	**renewal**	**$627**	**$1,275**	**$1,179**	**$1,179**	**$1,533**	**4.50%**
Medical (EPO3)	current	$941	$1,921	$1,869	$1,869	$2,400	
($1,000 hospital copay)	**renewal**	**$983**	**$2,007**	**$1,953**	**$1,953**	**$2,508**	**4.50%**
Medical (EPO4)	current	$843	$1,716	$1,671	$1,671	$2,145	
($1,500 hospital copay)	**renewal**	**$881**	**$1,793**	**$1,746**	**$1,746**	**$2,242**	**4.50%**
Medical (EPO5)	current	$799	$1,629	$1,587	$1,587	$2,038	
($2,500 hospital copay)	**renewal**	**$835**	**$1,702**	**$1,658**	**$1,658**	**$2,130**	**4.50%**
Medical (EPO6)	current	$767	$1,564	$1,524	$1,524	$1,956	
($3,000 hospital copay)	**renewal**	**$802**	**$1,634**	**$1,593**	**$1,593**	**$2,044**	**4.50%**
Medical (HDHP2)	current	$781	$1,590	$1,472	$1,472	$1,913	
($2,000 deductible)	**renewal**	**$781**	**$1,590**	**$1,472**	**$1,472**	**$1,913**	**0.00%**
Medical (HD2800)	current	$758	$1,540	$1,427	$1,427	$1,853	
($2,800 deductible)	**renewal**	**$758**	**$1,540**	**$1,427**	**$1,427**	**$1,853**	**0.00%**
Medical (HDHP3)	current	$747	$1,518	$1,405	$1,405	$1,825	
($3,000 deductible)	**renewal**	**$747**	**$1,518**	**$1,405**	**$1,405**	**$1,825**	**0.00%**

Medical (HD3500)	current	$705	$1,433	$1,326	$1,326	$1,723	
($3,500 deductible)	**renewal**	**$705**	**$1,433**	**$1,326**	**$1,326**	**$1,723**	**0.00%**
Medical (HDHP4)	current	$683	$1,389	$1,287	$1,287	$1,671	
($4,000 deductible)	**renewal**	**$683**	**$1,389**	**$1,287**	**$1,287**	**$1,671**	**0.00%**
Medical (HDHP5)	current	$646	$1,313	$1,217	$1,217	$1,580	
($5,000 deductible)	**renewal**	**$646**	**$1,313**	**$1,217**	**$1,217**	**$1,580**	**0.00%**
Medical (HRP)	current	$275					
(Hospital Reimbursment)	**renewal**	**$275**					
Dental Plan A (w/ortho)	current	$38	$78	$97	$97	$131	
($2,000 Annual Max)	**renewal**	**$38**	**$78**	**$97**	**$97**	**$131**	**0.00%**
Dental Plan B (w/ortho)	current	$31	$64	$87	$87	$118	
($1,500 Annual Max)	**renewal**	**$31**	**$64**	**$87**	**$87**	**$118**	**0.00%**
Dental Plan C (w/o ortho)	current	$31	$63	$64	$64	$97	
($1,500 Annual Max)	**renewal**	**$31**	**$63**	**$64**	**$64**	**$97**	**0.00%**
Vision Plan A (UMR)	current	$5	$11	$12	$12	$15	
	renewal	**$5**	**$11**	**$12**	**$12**	**$15**	**0.00%**
Vision Plan B (VSP)	current	$7	$12	$13	$13	$24	
(12/12/24)	**renewal**	**$7**	**$12**	**$13**	**$13**	**$24**	**0.00%**
Vision Plan C (VSP)	current	$9	$16	$17	$17	$31	
(12/12/12)	**renewal**	**$9**	**$16**	**$17**	**$17**	**$31**	**0.00%**

Employee Life Rate:0.14
(Per $1,000 in Coverage)
Dependent Life Rate:0.95
($5,000/Spouse & $2,000/Child)

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CEBT EMPLOYER PLAN SELECTION
Town of Oak Creek

SIGNATURE REQUIRED FOR RENEWAL

Current Plans Offered: PPO5; Life A; EAP Active
Group Life Coverage: $20k Base
Current Network: United Choice Plus

Effective July 1st, 2023 our group selects the following benefit options:

X Please mark here to indicate NO PLAN CHANGES and sign the second page

If you would like to make plan changes, please mark ALL plan options intended to be offered. You may choose up to a maximum of three medical plans ** See Benefit Changes Document for any changes in deductible/out of pocket*

MEDICAL	PLAN	OFFICE CO-PAY (primary/specialist)	HOSPITAL CO-PAY	DEDUCTIBLE (single/family)	MAXIMUM OOP (single/family)
PPO Plans					
	PPO2	$30/$30	N/A	$600/$1,200	$3,500/$7,000
	PPO3	$35/$35	N/A	$1,000/$2,000	$3,750/$7,500
	PPO4	$40/$40	N/A	$1,500/$3,000	$4,000/$8,000
o	PPO5	$45/$45	N/A	$2,500/$5,000	$4,500/$9,000
	PPO6	$50/$50	N/A	$3,000/$6,000	$5,000/$10,000
	PPO7	$55/$55	N/A	$4,000/$8,000	$6,000/$1,2000
	PPO8	$55/$55	N/A	$5,000/$10,000	$7,000/$14,000
EPO Plans					
	EPO3	$40/$55	$1,000	N/A	$5,000/$10,000
	EPO4	$45/$60	$1,500	N/A	$5,500/$11,000
	EPO5	$50/$65	$2,500	N/A	$6,000/$12,000
	EPO6	$55/$70	$3,000	N/A	$6,500/$13,000
High Deductible Health Plans					
	HD2800	N/A	N/A	$2,800 *Non-Embedded/$5,600	$5,000/$10,000
	HD3500	N/A	N/A	$3,500/$7,000	$6,000/$12,000
	HDHP2	N/A	N/A	$2,000 *Non-Embedded/$4,000	$4,000/$8,000
	HDHP3	N/A	N/A	$3,000/$6,000	$5,000/$10,000
	HDHP4	N/A	N/A	$4,000/$8,000	$6,000/$12,000
	HDHP5	N/A	N/A	$5,000/$10,000	$6,550/$13,100

February 8, 2023
Branch # BBG8

Dental (Please choose one)		
	Plan A	$2,000 annual benefit maximum, $2,000 Ortho lifetime maximum (includes adult ortho)
	Plan B	$1,500 annual benefit maximum, $1,500 Ortho lifetime maximum (child only)
	Plan C	$1,500 annual benefit maximum, No Ortho
Vision (Please choose one)		
	Plan A	(UMR) 12/24/24 $150 frames, no network
	Plan B	(VSP) 12/12/24, $160 frames, $15 copay at VSP providers
	Plan C	(VSP) 12/12/12, $175 frames, $10 copay at VSP providers
Life & Disability		
X	Basic Life Volume Change ($20k min to $450 max) New Amount: $20k (no change)	
	Dependent Group Life (Employer Paid): Volume $5k Spouse, $2k Child	
	Voluntary Life (Employee ($500k max), Spouse ($250k max), and Child Coverage ($20k max))	
	CEBT Small Group Short Term Disability (90 day waiting period)	
	CEBT Small Group Short Term Disability (180 day waiting period)	
	CEBT Small Group Long Term Disability (90 day waiting period)	
	CEBT Small Group Long Term Disability (180 day waiting period)	

Please sign and return this form as soon as possible, preferably by April 14th, 2023.

By signing this form I attest that I have reviewed and accept the renewal rates, plan options and benefit changes as presented.

OPEN ENROLLMENT

- ***Should be held sometime between April and mid-May. To ensure ID cards are received prior to July 1st, 2023, enrollment changes should be returned to WTW by May 19th, 2023.***
- ***Once this acceptance form has been signed and returned to WTW, open enrollment supplies will be updated as needed and attached in the Resource Center of the CEBT online Community portal. If no updates are required, supplies will be accessible at any time. Requests for printed supplies will require a case submission in the Community by clicking the "Request Supplies" link located within the Resource Center.***

In accordance with your participation agreement, written notice of termination must be received by May 1st, 2023 or run-out claims will not be paid by CEBT.

Group Name: Town of Oak Creek

Branch Number: BBG8

Authorized by: _____

Date: _____

(Please keep one copy for your records)