

**CITY OF BERLIN
COMMON COUNCIL MEETING
STAFF REPORT**

TO: Common Council
FROM: Jessi Balcom, City Administrator
AGENDA ITEM: Employee Dental Insurance Update
MEETING DATE: September 9, 2025

BACKGROUND

As presented at the Committee of the Whole meeting on September 2, the City's Health Insurance contract runs from October 1 – September 30 each year.

Should the City choose to move forward with Robin Health Partners for dental coverage as well as health insurance, the City would receive a bundle discount. Additional health premium savings to the City of more than \$18,000 would be realized through bundling.

Total employer costs of \$764,945.67 (this total includes payouts to employees that choose not to take the insurance benefit and obligations outlined in an approved labor agreement) – Cost share to be implemented as employer share of 92.5% and an employee share of 7.5%. The plan provides an embedded Deductible of \$3500 for single plans and \$7000 for family plans.

Total employee costs of \$60,200.73. Costs to be born as monthly contributions of \$52.29 for a single plan, \$99.37 for an employee + spouse and employee + children plan, and \$155.90 for a family plan.

The Robin proposal that costs have been anticipated on assumes all employee participants would choose to utilize the Broad network. The City will offer a dual choice, allowing employees to choose between Robin's Broad network and Robin's Focused network. Employees choosing the Focused network would see an additional reduction in premium.

Proposed Employee Monthly Contributions for Health Insurance with Dental Insurance Bundle:

Plan Type	Current (2025)	Robin Broad (2026)	Robin Focused (2026)
Single	\$25.00	\$52.29	\$48.10
Employee + Spouse	\$50.00	\$99.37	\$91.44
Employee + Children	\$50.00	\$99.37	\$91.44
Family	\$75.00	\$155.90	\$143.43

The City also offers employees dental insurance, at 100% employee cost. Enclosed please find additional information regarding Health Partners coverage in the Berlin area. Employees currently utilize the Delta Dental plan, the renewal is proposed at an 8% increase. Moving to Health Partners would result in a cost savings of just over 8% for the plan most comparable to Delta Dental's renewal, however there are

differences in available providers and there are coverage waiting periods for some services/procedures for new enrollees (waiting periods will not apply to those who are currently utilizing the City's plan through Delta Dental). Health Partners has offered three different plans, each with or without orthodontics. The main difference between the plans is the amount the plan will pay towards dental work annually, \$1000 or \$1250 or \$1500 (the current plan pays out up to \$1000 annually).

	Health Partners Annual Max						Delta Dental Renewal
	\$1,000	\$1,250	\$1,500	\$1,000	\$1,250	\$1,500	\$1,000
	with orthodontics			without orthodontics			with orthodontics
Single	\$36.76	\$38.14	\$39.14	\$36.76	\$38.14	\$39.14	\$44.67
Employee + Spouse	\$78.18	\$80.97	\$82.95	\$73.51	\$76.29	\$78.26	\$89.36
Employee + Children	\$78.18	\$80.97	\$92.95	\$73.51	\$76.29	\$78.26	\$88.81
Family	\$110.28	\$114.43	\$117.39	\$122.77	\$126.92	\$129.88	\$146.13

The bundling discount would apply to the City's health insurance premium regardless of which Health Partners dental plan is selected by the City.

SUGGESTED MOTION

Motion to move forward with a dental insurance proposal for employee dental insurance, to be paid entirely by the employee.



Vizance, Inc.
City of Berlin

Report as of 5 September 2025

Plan Group Comparison - 10/1/25 - 9/30/26
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.
* = services covered by all plans

Renewal
\$ 32,381.88

Dental Plan Group

Delta Dental
Delta Dental PPO
NEG FEE SCH

Dental Plan Design

	Single	Family
Deductible	\$ 50	\$ 150
Annual Max Benefit	\$1,000 per person	
Coinurance	Prev 100% Basic 80% Major 50%	
Preventive	Exams, Cleanings	
Basic	Composite Fillings, Simple Extractions	
Major	Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery, Endodontics, Periodontics	
Not Covered	--	
Orthodontia (Lifetime)	70% up to \$1,000 by age 26	
Dependent Eligibility	Until age 26	

Enrollment	30	Prem	ER	EE
Employee Only	11	\$ 44 ⁵⁷	100 %	\$ 0 ⁰⁰
Employee + Spouse	7	\$ 89 ³⁶	100 %	\$ 0 ⁰⁰
Employee + Children	3	\$ 88 ⁸¹	100 %	\$ 0 ⁰⁰
Family	9	\$ 146 ¹³	100 %	\$ 0 ⁰⁰

Annual Insurance Premium
\$32,381.88
@ 12 month guarantee
Employer Annual Cost
\$ 32,381.88

PASSIVE

Proposed
Health Partners - \$1000 Max
\$ 27,493.08 -15.1%

HealthPartners
Dental Voluntary Open Access
UCR 80%

Single	Family
\$ 50	\$ 50
\$1,000 per person	
Prev 100% Basic 80% Major 50%	
Exams, Cleanings	
Simple Extractions, Endodontics, Periodontics	
Composite Fillings, Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery	
--	
50% up to \$1,000 by age 18	
Until age 26	

30	Prem	ER	EE
11	\$ 36 ⁷⁶	100 %	\$ 0 ⁰⁰
7	\$ 78 ¹⁸	100 %	\$ 0 ⁰⁰
3	\$ 78 ¹⁸	100 %	\$ 0 ⁰⁰
9	\$ 122 ⁷	100 %	\$ 0 ⁰⁰

\$27,493.08 ▼ -15.1%
@ 24 month guarantee
\$ 27,493.08 -15.1%

PASSIVE ; \$50 per person deductible with no family cap limit.

Proposed
Health Partners - \$1250 Max
\$ 28,458.24 -12.1%

HealthPartners
Voluntary Open Access \$1250
UCR 80%

Single	Family
\$ 50	\$ 50
\$1,250 per person	
Prev 100% Basic 80% Major 50%	
Exams, Cleanings	
Simple Extractions, Endodontics, Periodontics	
Composite Fillings, Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery	
--	
50% up to \$1,000 by age 18	
Until age 26	

30	Prem	ER	EE
11	\$ 38 ¹⁴	100 %	\$ 0 ⁰⁰
7	\$ 80 ⁹⁷	100 %	\$ 0 ⁰⁰
3	\$ 80 ⁹⁷	100 %	\$ 0 ⁰⁰
9	\$ 126 ⁹²	100 %	\$ 0 ⁰⁰

\$28,458.24 ▼ -12.1%
@ 24 month guarantee
\$ 28,458.24 -12.1%

PASSIVE ; \$50 per person deductible with no family cap limit.

Proposed
Health Partners - \$1500 Max
\$ 29,147.52 -10.0%

HealthPartners
Voluntary Open Access \$1500
UCR 80%

Single	Family
\$ 50	\$ 50
\$1,500 per person	
Prev 100% Basic 80% Major 50%	
Exams, Cleanings	
Simple Extractions, Endodontics, Periodontics	
Composite Fillings, Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Implants, Complex Extractions, Oral Surgery	
--	
50% up to \$1,000 by age 18	
Until age 26	

30	Prem	ER	EE
11	\$ 39 ¹⁴	100 %	\$ 0 ⁰⁰
7	\$ 82 ⁹⁵	100 %	\$ 0 ⁰⁰
3	\$ 82 ⁹⁵	100 %	\$ 0 ⁰⁰
9	\$ 129 ⁸⁸	100 %	\$ 0 ⁰⁰

\$29,147.52 ▼ -10.0%
@ 24 month guarantee
\$ 29,147.52 -10.0%

PASSIVE ; \$50 per person deductible with no family cap limit.



Available in Minnesota and Wisconsin

Voluntary Open Access Dental Plan

With Voluntary Open Access you can offer high-quality, affordable dental care at competitive rates even if there's no employer contribution. Your employees get the freedom to see any licensed dentist at any time. The network has more than 5,000 PPO providers across Minnesota and Wisconsin. Plus, employees have access to more than 130,000 PPO providers combined nationwide.

Little PartnersSM dental benefit

Kids 12 and younger are covered 100% at in-network dentists, with no deductibles, no coinsurance and no annual maximum. Excludes orthodontia.

HealthPartners MouthWise Matters

The MouthWise Matters benefit helps to lower costs and improve health outcomes. It provides 100% in-network coverage for extra exams, gum care and cleanings for pregnant people and those living with diabetes who are at risk of gum disease.

Get added benefits

Dental sealants are covered on most plans for all age groups to help prevent cavities. Plus, for dental implants, our plans provide coverage for both the surgical placement and the cost of prosthetics. Many plans only cover what a bridge or dentures would cost and apply that amount to the cost of dental implants.

Save with the Healthy DiscountsSM program

Members can save money on goods and services that promote overall health. These include vision, fitness equipment, retail discounts and much more, including a hearing healthcare solution through TruHearing®. TruHearing includes exams, fitting, follow-up and great savings on the latest hearing aids.

Bundle and save up to 25% where available

Save up to 25% on your dental family rate when you pair a dental plan with a HealthPartners fully-insured (ACA-qualified) small group medical plan. Plus, you'll get a two-year rate guarantee!*

Learn more

Call your broker, consultant or account manager at **952-883-5200** or **800-298-4235**.

Search the network at
healthpartners.com/dentalopenaccess

* If a small medical group is reclassified as large under the ACA, moves to level funded or switches medical carriers, the dental 25% savings is no longer valid.

Minnesota plans are underwritten and/or administered by HealthPartners family of health plans which includes, HealthPartners, Inc., HealthPartners Insurance Company and HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

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Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1000	\$1000
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%

Rates are effective for 24 months when paired with a HealthPartners medical plan	
Monthly premiums based on number of enrolled employees	
Employees enrolled	25-49
Single	\$36.76
Single + 1	\$73.51
Family	\$110.28
Family discount is applied when paired with a HealthPartners Small Group Medical plan	
Family (with paired discount)	\$82.71

Underwriting Guidelines

R3C4P3D2M3O1

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage



Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1000	\$1000
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%
Orthodontics - dependents under 19	12 month waiting period	12 month waiting period
Coverage	50%	50%
Lifetime Max	\$1000	\$1000

Rates are effective for 24 months when paired with a HealthPartners medical plan

Monthly premiums based on number of enrolled employees

Employees enrolled	25-49
Single	\$36.76
Single + 1	\$78.18
Family	\$122.77
Family discount is applied when paired with a HealthPartners Small Group Medical plan	
Family (with paired discount)	\$95.08

Underwriting Guidelines

R3C4P3D2M3O2

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage
- Orthodontics coverage is not eligible for any pricing discounts.



Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1250	\$1250
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%

Rates are effective for 24 months when paired with a HealthPartners medical plan	
Monthly premiums based on number of enrolled employees	
Employees enrolled	25-49
Single	\$38.14
Single + 1	\$76.29
Family	\$114.43
Family discount is applied when paired with a HealthPartners Small Group Medical plan	
Family (with paired discount)	\$85.82

Underwriting Guidelines

R3C4P3D2M4O1

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage



Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1250	\$1250
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%
Orthodontics - dependents under 19	12 month waiting period	12 month waiting period
Coverage	50%	50%
Lifetime Max	\$1000	\$1000

Rates are effective for 24 months when paired with a HealthPartners medical plan

Monthly premiums based on number of enrolled employees

Employees enrolled	25-49
Single	\$38.14
Single + 1	\$80.97
Family	\$126.92

Family discount is applied when paired with a HealthPartners Small Group Medical plan

Family (with paired discount)	\$98.19
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Underwriting Guidelines

R3C4P3D2M4O2

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage
- Orthodontics coverage is not eligible for any pricing discounts.



Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1500	\$1500
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%

Rates are effective for 24 months when paired with a HealthPartners medical plan	
Monthly premiums based on number of enrolled employees	
Employees enrolled	25-49
Single	\$39.14
Single + 1	\$78.26
Family	\$117.39
Family discount is applied when paired with a HealthPartners Small Group Medical plan	
Family (with paired discount)	\$88.04

Underwriting Guidelines

R3C4P3D2M5O1

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage



Dental Voluntary Open Access

City of Berlin

Effective October 2025

Wisconsin area

	IN-NETWORK	OUT-OF-NETWORK
Annual Maximum	\$1500	\$1500
Deductible		
Per person per calendar year	\$50	\$50
Preventive/Diagnostic care		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
Basic I services	6 month waiting period	6 month waiting period
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Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
Basic II services	6 month waiting period	6 month waiting period
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
Major services	12 month waiting period	12 month waiting period
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%
Orthodontics - dependents under 19	12 month waiting period	12 month waiting period
Coverage	50%	50%
Lifetime Max	\$1000	\$1000
Rates are effective for 24 months when paired with a HealthPartners medical plan		
Monthly premiums based on number of enrolled employees		
Employees enrolled	25-49	
Single	\$39.14	
Single + 1	\$82.95	
Family	\$129.88	
Family discount is applied when paired with a HealthPartners Small Group Medical plan		
Family (with paired discount)	\$100.41	

Underwriting Guidelines

R3C4P3D2M5O2

- Participation Requirements: 25 percent of all eligible employees (minimum of 5 enrolled employees).
- Contribution Requirement: employer contribution not required.
- HealthPartners must be sole carrier.
- Annual open enrollment required; if coverage is waived, employee must have a qualifying event to receive coverage prior to the next open enrollment period.
- Employer must have a group medical plan.
- Rates are for new business with HealthPartners dental.
- Waiting periods will apply to enrollees without prior coverage
- Orthodontics coverage is not eligible for any pricing discounts.



Vizance, Inc.
City of Berlin

Report as of 5 September 2025

Plan Group Comparison - 10/1/25 - 9/30/26
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.
* = Additional details available

Medical Plan Group

Renewal
\$ 846,298⁵²

Medical Plan Design

Wisconsin Physicians Svc Insurance ... HSA - PPO 3500 100 STATEWIDE

	Single	Family
Deductible		
Employee Coinsurance	\$ 3,500	\$ 7,000
Out-of-Pocket Max	Embedded	Embedded
Employer Funding	\$ -	\$ -
Net Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employee Annual Premium	\$ + 7.10	\$ + 2.118
Employee Max Annual Cost	\$ 4,210	\$ 9,118

Medical Copays

Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	Integrated with Medical
Tiers	\$0

	46	Prem	ER	EE
Enrollment				
Employee Only	15	\$ 789 ⁰⁴	93 %	\$ 591 ¹⁸
Employee + Spouse	6	\$ 1,499 ⁸⁵	93 %	\$ 112 ⁴⁹
Employee + Children	4	\$ 1,499 ⁸⁵	93 %	\$ 112 ⁴⁹
Family	21	\$ 2,352 ⁸¹	93 %	\$ 176 ⁴⁶
Annual Insurance Premium		\$ 914,917 ³²		

Employer Premium Contribution	\$ 846,298 ⁵²
Budgeted HRA + HSA	+ 000 + 000
Employer Annual Cost	\$ 846,298.52

Proposed
Robin Focused \$3500/100%
\$ 704,479⁵⁹ -16.8%

HealthPartners HSA - PPO Empower \$3500/100% Foc ROBIN FOCUSED
--

	Single	Family
Deductible		
Employee Coinsurance	\$ 3,500	\$ 7,000
Out-of-Pocket Max	Embedded	Embedded
Employer Funding	\$ -	\$ -
Net Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employee Annual Premium	\$ + 591	\$ + 1,763
Employee Max Annual Cost	\$ 4,091	\$ 8,763

Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	Integrated with Medical
Tiers	\$0

	46	Prem	ER	EE
Enrollment				
Employee Only	15	\$ 656 ⁸²	93 %	\$ 49 ²⁶
Employee + Spouse	6	\$ 1,248 ⁵²	93 %	\$ 93 ⁸⁴
Employee + Children	4	\$ 1,248 ⁵²	93 %	\$ 93 ⁸⁴
Family	21	\$ 1,958 ⁵³	93 %	\$ 146 ⁸⁹
Annual Insurance Premium		\$ 761,599 ⁵⁵		-16.8%

Employer Premium Contribution	\$ 704,479 ⁵⁹
Budgeted HRA + HSA	+ 000 + 000
Employer Annual Cost	\$ 704,479.59 -16.8%

Proposed
Robin Broad \$3500/100%
\$ 765,737⁸³ -9.5%

HealthPartners HSA - PPO Empower \$3500/100% ROBIN BROAD
--

	Single	Family
Deductible		
Employee Coinsurance	\$ 3,500	\$ 7,000
Out-of-Pocket Max	Embedded	Embedded
Employer Funding	\$ -	\$ -
Net Out-of-Pocket Max	\$ 3,500	\$ 7,000
Employee Annual Premium	\$ + 643	\$ + 1,916
Employee Max Annual Cost	\$ 4,143	\$ 8,916

Primary Care	\$ -- \$0 after deductible
Specialty Care	\$ -- \$0 after deductible
Urgent Care	\$ -- \$0 after deductible
Emergency	\$ -- \$0 after deductible
In-Patient Hospital	\$ -- \$0 after deductible
Out-Patient Hospital	\$ -- \$0 after deductible
Rx	Integrated with Medical
Tiers	\$0

	46	Prem	ER	EE
Enrollment				
Employee Only	15	\$ 713 ⁹³	93 %	\$ 53 ⁵⁴
Employee + Spouse	6	\$ 1,357 ⁰⁸	93 %	\$ 101 ⁷⁸
Employee + Children	4	\$ 1,357 ⁰⁸	93 %	\$ 101 ⁷⁸
Family	21	\$ 2,128 ⁸⁴	93 %	\$ 159 ⁶⁶
Annual Insurance Premium		\$ 827,824 ⁸⁸		-9.5%

Employer Premium Contribution	\$ 765,737 ⁸³
Budgeted HRA + HSA	+ 000 + 000
Employer Annual Cost	\$ 765,737.83 -9.5%



City of Berlin

Effective Date: October 1, 2025

Robin Broad Network

WITH DENTAL

	Plan	Single	Single + Spouse	Single + Child(ren)	Family
1	All-Copay 30/60-5500	803.96	1528.22	1528.22	2397.30
2	All-Copay 45/90-7900	778.58	1479.97	1479.97	2321.61
3	Deductible Primary-Specialty Copay 500-30/60	821.44	1561.44	1561.44	2449.42
4	Deductible Primary-Specialty Copay 1000-30/60	784.16	1490.57	1490.57	2338.25
5	Deductible Primary-Specialty Copay 1500-30/60	758.68	1442.15	1442.15	2262.28
6	Deductible Primary-Specialty Copay 2000-30/60	744.27	1414.75	1414.75	2219.31
7	Deductible Primary-Specialty Copay 2500-30/60	726.70	1381.35	1381.35	2166.91
8	Deductible Primary-Specialty Copay 3000-40/80	705.87	1341.76	1341.76	2104.81
9	Deductible Primary-Specialty Copay 3500-40/80	696.57	1324.09	1324.09	2077.09
10	Deductible Primary-Specialty Copay 4000-40/80	681.88	1296.17	1296.17	2033.28
11	Deductible Primary-Specialty Copay 5000-40/80	662.92	1260.11	1260.11	1976.73
12	Empower HSA Non-Embedded (Contract) Deductible 1650-100%	777.37	1477.67	1477.67	2318.01
13	Empower HSA Non-Embedded (Contract) Deductible 2500-100%	722.33	1373.05	1373.05	2153.88
14	Empower HSA Embedded Deductible 3300-100%	706.15	1342.29	1342.29	2105.64
15	Empower HSA Embedded Deductible 3500-100%	697.13	1325.15	1325.15	2078.75
16	Empower HSA Embedded Deductible 4000-100%	676.58	1286.09	1286.09	2017.48
17	Empower HSA Embedded Deductible 4500-100%	661.71	1257.81	1257.81	1973.12
18	Empower HSA Embedded Deductible 5000-100%	644.32	1224.77	1224.77	1921.28
19	Empower HSA Embedded Deductible 6350-100%	601.92	1144.17	1144.17	1794.86
20	Empower HSA Embedded Deductible 3500-80%	633.44	1204.09	1204.09	1888.84
21	Empower HSA Plus Non-Embedded (Contract) Deductible 1650-100%	785.74	1493.58	1493.58	2342.96
22	Empower HSA Plus Non-Embedded (Contract) Deductible 2500-100%	735.07	1397.26	1397.26	2191.86
23	Empower HSA Plus Embedded Deductible 3300-100%	722.70	1373.75	1373.75	2154.99
24	Empower HSA Plus Embedded Deductible 3500-100%	714.61	1358.38	1358.38	2130.87
25	Empower HSA Plus Embedded Deductible 4000-100%	695.92	1322.85	1322.85	2075.15
26	Empower HSA-Plus Embedded Deductible 4500-100%	680.40	1293.34	1293.34	2028.85
27	Empower HSA-Plus Embedded Deductible 5000-100%	664.22	1262.59	1262.59	1980.61
28	Empower HSA-Plus Embedded Deductible 6000-100%	635.30	1207.62	1207.62	1894.39
29	Empower HSA Plus Embedded Deductible 7000-100%	609.73	1159.02	1159.02	1818.14
30	Empower HSA Plus Embedded Deductible 3300-80%	660.68	1255.87	1255.87	1970.07
31	Empower HSA Plus Embedded Deductible 3500-80%	651.95	1239.26	1239.26	1944.01
32	Empower HSA-Copay Non-Embedded (Contract) Deductible 2000-30/60	722.61	1373.58	1373.58	2154.71
33	Empower HSA-Copay Embedded Deductible 5000-30/60	624.80	1187.65	1187.65	1863.06
34	Three for Free 1000-80%	769.65	1463.00	1463.00	2295.00
35	Three for Free 2000-80%	737.11	1401.15	1401.15	2197.96
36	Three for Free 3000-80%	702.15	1334.69	1334.69	2093.72
37	Three for Free 4000-80%	674.17	1281.50	1281.50	2010.27
38	Three for Free 5000-80%	649.81	1235.19	1235.19	1937.63
39	Empower HRA Embedded Deductible 4000-80%	674.35	1281.85	1281.85	2010.83
40	Empower HRA Embedded Deductible 5000-100% (HSA qualified)	671.28	1276.02	1276.02	2001.68
41	Empower HRA Embedded Deductible 6350-100% (HSA qualified)	630.56	1198.61	1198.61	1880.25

* Rates assume group can contribute up to the annual deductible toward the employee's HSA/HRA.

* Rates include \$25 PEPM Broker Commission.

* Refer to plan guides for determination of creditable coverage.

* Embedded EAP included with all EZ plans.



City of Berlin

Effective Date: October 1, 2025

Robin Focused Network

WITH DENTAL

	Plan	Single	Single + Spouse	Single + Child(ren)	Family
1	All-Copay 30/60-5500	739.64	1405.96	1405.96	2205.52
2	All-Copay 45/90-7900	716.29	1361.57	1361.57	2135.88
3	Deductible Primary-Specialty Copay 500-30/60	755.72	1436.53	1436.53	2253.47
4	Deductible Primary-Specialty Copay 1000-30/60	721.42	1371.33	1371.33	2151.19
5	Deductible Primary-Specialty Copay 1500-30/60	697.99	1326.78	1326.78	2081.30
6	Deductible Primary-Specialty Copay 2000-30/60	684.73	1301.57	1301.57	2041.77
7	Deductible Primary-Specialty Copay 2500-30/60	668.56	1270.84	1270.84	1993.56
8	Deductible Primary-Specialty Copay 3000-40/80	649.40	1234.42	1234.42	1936.43
9	Deductible Primary-Specialty Copay 3500-40/80	640.85	1218.16	1218.16	1910.92
10	Deductible Primary-Specialty Copay 4000-40/80	627.33	1192.47	1192.47	1870.62
11	Deductible Primary-Specialty Copay 5000-40/80	609.88	1159.30	1159.30	1818.59
12	Empower HSA Non-Embedded (Contract) Deductible 1650-100%	715.18	1359.46	1359.46	2132.57
13	Empower HSA Non-Embedded (Contract) Deductible 2500-100%	664.54	1263.20	1263.20	1981.57
14	Empower HSA Embedded Deductible 3300-100%	649.66	1234.91	1234.91	1937.19
15	Empower HSA Embedded Deductible 3500-100%	641.36	1219.14	1219.14	1912.45
16	Empower HSA Embedded Deductible 4000-100%	622.46	1183.20	1183.20	1856.08
17	Empower HSA Embedded Deductible 4500-100%	608.77	1157.19	1157.19	1815.27
18	Empower HSA Embedded Deductible 5000-100%	592.78	1126.78	1126.78	1767.58
19	Empower HSA Embedded Deductible 6350-100%	553.77	1052.64	1052.64	1651.27
20	Empower HSA Embedded Deductible 3500-80%	582.77	1107.76	1107.76	1737.73
21	Empower HSA Plus Non-Embedded (Contract) Deductible 1650-100%	722.88	1374.09	1374.09	2155.52
22	Empower HSA Plus Non-Embedded (Contract) Deductible 2500-100%	676.26	1285.48	1285.48	2016.52
23	Empower HSA Plus Embedded Deductible 3300-100%	664.88	1263.85	1263.85	1982.59
24	Empower HSA Plus Embedded Deductible 3500-100%	657.44	1249.71	1249.71	1960.40
25	Empower HSA Plus Embedded Deductible 4000-100%	640.25	1217.02	1217.02	1909.13
26	Empower HSA-Plus Embedded Deductible 4500-100%	625.96	1189.87	1189.87	1866.54
27	Empower HSA-Plus Embedded Deductible 5000-100%	611.08	1161.58	1161.58	1822.16
28	Empower HSA-Plus Embedded Deductible 6000-100%	584.48	1111.01	1111.01	1742.83
29	Empower HSA Plus Embedded Deductible 7000-100%	560.96	1066.30	1066.30	1672.69
30	Empower HSA Plus Embedded Deductible 3300-80%	607.83	1155.40	1155.40	1812.47
31	Empower HSA Plus Embedded Deductible 3500-80%	599.79	1140.12	1140.12	1788.49
32	Empower HSA-Copay Non-Embedded (Contract) Deductible 2000-30/60	664.80	1263.69	1263.69	1982.34
33	Empower HSA-Copay Embedded Deductible 5000-30/60	574.81	1092.64	1092.64	1714.01
34	Three for Free 1000-80%	708.08	1345.96	1345.96	2111.40
35	Three for Free 2000-80%	678.14	1289.05	1289.05	2022.13
36	Three for Free 3000-80%	645.98	1227.92	1227.92	1926.22
37	Three for Free 4000-80%	620.23	1178.98	1178.98	1849.45
38	Three for Free 5000-80%	597.82	1136.38	1136.38	1782.62
39	Empower HRA Embedded Deductible 4000-80%	620.40	1179.30	1179.30	1849.96
40	Empower HRA Embedded Deductible 5000-100% (HSA qualified)	617.58	1173.94	1173.94	1841.54
41	Empower HRA Embedded Deductible 6350-100% (HSA qualified)	580.12	1102.72	1102.72	1729.83

* Rates assume group can contribute up to the annual deductible toward the employee's HSA/HRA.

* Rates include \$25 PEPM Broker Commission.

* Refer to plan guides for determination of creditable coverage.

* Embedded EAP included with all EZ plans.