



## Clay Township Regional Waste District

[www.ctrwd.org](http://www.ctrwd.org) Phone (317) 844-9200 Fax (317) 844-9203

### PERSONNEL & BENEFITS COMMITTEE MEETING

Monday, October 31, 2016 @ 7:30 A.M.  
10701 N. College Ave, Suite A, Indianapolis, IN 46280

#### AGENDA

1. Safety Update
2. 2017 Holiday Schedule
3. Merit Pool
4. Health Insurance

Next Meeting: November 28, 2016 @ 7:30 A.M.



## CTRWD 2017 Holiday Schedule

New Year's Day (Observed)	Monday, January 2
Martin Luther King Jr. Day	Monday, January 16
Primary Election Day (Floating)	None
Memorial Day	Monday, May 29
Independence Day	Tuesday, July 4
Labor Day	Monday, September 4
General Election Day (Floating)	None
Thanksgiving Day	Thursday, November 23
Day after Thanksgiving	Friday, November 24
Christmas Eve (Observed)	Friday, December 22
Christmas Day	Monday, December 25
New Year's Eve (Observed)	Friday, December 29
Floating Holiday	



## MEMORANDUM

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**To: P&B Committee**

**From: Andrew Williams**

**Date: September 21, 2016**

**Subject: 2017 Merit Pool**

For the past few years the District has used the Compdata survey results for the Utility Industry to establish the merit pool. This year in the Midwest survey, "Water, Sewage" was grouped in the "Other" category. Per the survey, the 2017 merit pool increase is projected to be 2.7% for the Midwest. For Indiana as a whole, the projected merit pool increase is 2.6%.

The 2016 Compdata survey summary is shown below.

### **Summary of the Utilities 2016 Benefit and Pay Practice Reports compdatasurveys**



#### **Average pay increase budget by industry for the Midwest Region**

<b>Industry Category</b>	<b>2017 Projected</b>
Cable and Telephone	3.0%
Electric Pwr. Gen., Trans. & Dist.	3.0%
Other	2.7%

#### **Projected 2017 merit increase budget by geographic area**

Indiana	2.6%
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#### **Pay Range Adjustments**

	<b>% Reporting Adjustments</b>	<b>2017 Projected Adjustment</b>
Midwest Region	85.7%	2.3%
Indiana	88.9%	2.4%



## MEMORANDUM

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**To:** P&B Committee

**From:** Drew Williams

**Date:** October 19, 2016

**Subject:** Health Insurance Coverage

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The District has received the renewal premiums from Anthem for health, life and vision insurance coverage for 2017. The increase is 3.5% to maintain our current coverage for another year. We are still waiting on rates for a new statewide government employer plan that Anthem has rolled out. We should have the comparison rates by our meeting on Monday.

# Clay Township Regional Waste District

Employee Benefits Dental Effective Date: December 01, 2016

Prepared: October 14, 2016

# Handout



## Rate Summary

Revised 10/19/16

		1	2	3	4	5
		Reliance Standard Ins Current Rates	Reliance Standard Renewal Rates	Guardian Quote	Mutual of Omaha Quote	Principal Quote
		Current Plan	Effective 1/1/2017-12/31/2017			
Single	3	\$28.05	\$30.28	\$31.44	\$28.05	\$38.44
EE/Spouse	3	\$63.89	\$69.00	\$63.82	\$63.89	\$78.51
EE/Child	3	\$84.56	\$91.32	\$83.46	\$84.56	\$92.33
Family	14	\$119.82	\$129.40	\$123.85	\$119.82	\$138.85
Monthly Dental Total		\$2,206.98	\$2,383.40	\$2,270.06	\$2,206.98	\$2,571.74
Monthly Administration Fee						
Monthly Costs		\$2,206.98	\$2,383.40	\$2,270.06	\$2,206.98	\$2,571.74
Annual Costs	23	\$26,483.76	\$28,600.80	\$27,240.72	\$26,483.76	\$30,860.88
Percent of change over current			7.99%	2.86%	0.00%	16.53%

## Plan Summary

### Deductibles

		Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Single / Family		\$50 / \$150		\$50 / \$150		\$50 / \$150		\$50 / \$150		\$50 / \$150	
Coinsurance	Preventive	100%		100%		100%		100%		100%	
	Basic	90%	80%	90%	80%	90%	80%	90%	80%	90%	80%
	Major	60%	50%	60%	50%	60%	50%	60%	50%	60%	50%
Annual Maximum		\$1,500		\$1,500		\$1,500 plus max rollover		\$1,500		\$1,500	
UCR Percentile		90th		90th		90th		90th		90th	
Endodontics		Basic		Basic		Basic		Basic		Basic	
Periodontics		Basic		Basic		Basic		Basic		Basic	
Waiting Period		None		None		None		12 Months		late entrants	
Orthodontia		Child only Coverage		Child only Coverage		Child only Coverage		Child only Coverage		Child only Coverage	
Benefit Percentage		50%		50%		50%		50%		50%	
Lifetime Maximum		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Waiting Period		None		None		None		12 Months		late entrant	
Rates Based on Package Deal						Yes		Yes		Yes	
Contributions						Contributory		80% employer contribution		Contributory	
Participation						90% eligible EE's		96% eligible EE's		75% participation /	
Rate Guarantee				1 Year		1 Year		1 Year		minimum 5 enrolled for	
										child orthodontia	
										1 Year	

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# Clay Township Regional Waste District

Employee Benefits Medical / Rx Renewal Effective Date: December 01, 2016

Prepared: October 14, 2016

# Handout



## Rate Summary

	1	2	4	5	6
	Anthem Current Rates	Anthem Revised Grandmother Renewal Rates	Anthem IPEP Quote	UHC - All Savers Alternate Funded Quote	UHC ACA Quote
	Lumeons HSA Opt 1	Lumeons HSA Opt 1	Plan 6 BHSA 3000 (8.0)	Choice Plus HSA HP1500	Silver Choice Plus HSA ADWF / Rx NS
Single 4	\$488.35	\$505.53	\$518.00	\$695.01	\$498.36
Employee/Spouse 2	\$1,025.53	\$1,061.62	\$1,132.00	\$1,389.99	\$996.72
Employee/Child(ren) 3	\$879.02	\$909.96	\$973.00	\$1,355.25	\$921.97
Family 12	\$1,416.21	\$1,466.05	\$1,561.00	\$2,154.50	\$1,420.33
Monthly Premium Total	\$23,636.04	\$24,467.84	\$25,987.00	\$35,479.77	\$23,796.75
Monthly Administration Fee	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00
Monthly Costs 21	\$23,636.04	\$24,467.84	\$25,987.00	\$35,504.77	\$23,796.75
Annual Costs	\$283,632.48	\$293,614.08	\$311,844.00	\$426,057.24	\$285,561.00
Percent of change over current <sup>1</sup>		3.52%	9.95%	50.11%	0.68%

\$15,000 individual stop loss deductible  
125.00% aggregate stop loss corridor

## Plan Summary

	Network	Network	Network	Network	Network
Carrier Participation Requirement	75% Net Eligible	75% Net Eligible	75% Net Eligible	50% Eligible Employees	50% Eligible Employees
Tobacco Use Included in Rate Factor	Yes	Yes	Yes	Yes	No
Network - Standard or Limited	Standard	Standard	Standard	Standard	Standard
Pediatric Dental Included	No - Grandmother plan	No - Grandmother plan	Yes	No	Yes
Pediatric Vision Included	No - Grandmother plan	No - Grandmother plan	Yes	No	Yes
Annual Deductible - Single/Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$2,700 / \$5,400
Deductible - Embedded or Aggregate	Aggregate	Aggregate	Embedded	Aggregate	Embedded
Coinsurance	80% / 20%	80% / 20%	100% / 0%	80% / 20%	80% / 20%
Maximum Out of Pocket (MOOP) - Single/Family <sup>2</sup>	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,250 / \$12,500
Office Visit Copay - Primary Care Physician (PCP)	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Office Visit Copay - Specialist	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Emergency Room	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Urgent Care	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Preventive Services	100%	100%	100%	100%	100%
Hospital Services - Inpatient	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Outpatient Surgery	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Chiropractic	Deductible, then 80%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	Deductible, then 80%
Annual Deductible - Single/Family	Non-Network	Non-Network	Non-Network	Non-Network	Non-Network
Coinsurance	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,000 / \$6,000	N/A
Maximum Out of Pocket (MOOP) - Single/Family <sup>2</sup>	60% / 40%	60% / 40%	70% / 30%	50% / 50%	N/A
Annual Deductible	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	N/A
Prescription Drugs	Prescription Drugs	Prescription Drugs	Prescription Drugs	Prescription Drugs	Prescription Drugs
Medical Deductible, then:	Medical Deductible, then:	Medical Deductible, then:	Medical Deductible, then:	Medical Deductible, then:	Medical Deductible, then:
Retail	80%	80%	100%	80%	\$10 / \$35 / \$60
Mail Order	90%	90%	100%	80%	Specialty \$10 / \$100 / \$300
					\$25 / \$87.50 / \$150
					Specialty not covered

<sup>1</sup> Percentage of change includes medical premiums only.

<sup>2</sup> Includes deductible.

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# Clay Township Regional Waste District

Employee Benefits Voluntary Life Renewal Effective Date: December 01, 2016

Prepared: October 14, 2016



# Handout

## Plan Summary

1		2		3		
Mutual of Omaha		Principal		Reliance Standard Life Insurance		
Quote		Quote		Quote - Effective 1/01/2017		
Employee	Spouse	Employee	Spouse	Employee	Spouse	AD&D
\$10,000 increments	\$5,000 Increments	\$10,000 increments	\$5,000 Increments	\$10,000 increments	\$10,000 Increments	
\$300,000	\$50,000	\$300,000	\$100,000	\$500,000	\$500,000	
Monthly Rate Per \$1,000		Monthly Rate Per \$1,000		Monthly Rate Per \$10,000		
Employee		Spouse		Spouse		
*Spouse & Child coverages terminate when employee reaches age 70						
Spouse Rate Based on Age of						
Under age 25	\$0.100	\$0.100	\$0.096	\$0.096	\$1.900	\$0.380
25 - 29	\$0.100	\$0.100	\$0.096	\$0.096	\$1.900	\$0.380
30 - 34	\$0.110	\$0.110	\$0.105	\$0.105	\$1.700	\$0.320
35 - 39	\$0.000	\$0.000	\$0.158	\$0.158	\$2.400	\$0.290
40 - 44	\$0.130	\$0.130	\$0.255	\$0.255	\$3.930	\$0.310
45 - 49	\$0.200	\$0.200	\$0.393	\$0.393	\$6.620	\$0.320
50 - 54	\$0.350	\$0.350	\$0.641	\$0.641	\$10.590	\$0.330
55 - 59	\$0.580	\$0.580	\$1.006	\$1.006	\$18.340	\$0.350
60 - 64	\$0.900	\$0.900	\$1.396	\$1.396	\$22.830	\$0.380
65 - 69	\$1.410	\$1.410	\$2.578	\$2.578	\$34.920	\$0.400
70 - 74	\$1.980	\$1.980	\$4.230	\$4.230	\$68.340	\$0.450
75 - 79	\$2.070	\$2.070	\$4.230	\$4.230	\$68.340	\$0.450
80 - 84	\$2.760	\$2.760	\$4.230	\$4.230	\$68.340	\$0.450
85 - 89	\$3.840	\$3.840	\$4.230	\$4.230	\$68.340	\$0.450
90 - 94	\$3.840	\$3.840	\$4.230	\$4.230	\$68.340	\$0.450
95 - 99	\$3.840	\$3.840	\$4.230	\$4.230	\$68.340	\$0.450
AD&D	\$0.040	\$0.040	\$0.031	\$0.031	\$68.340	\$0.450
<u>Children</u>	Benefit	Under 14 days old \$1,000 over 14 days old \$5,000 or \$10,000		14 days to 6 months old \$1,000 6 months up to Age 20 - Choice of : 1) \$2,500, 2) \$5,000, 3) \$7,500, 4) \$10,000		
	Maximum	\$10,000		\$10,000		
	Rate	\$0.14 per \$1,000		1) \$0.45, 2) \$0.88, 3) \$1.31, 4) \$1.74		
<u>Rates based on package deal</u>		yes		No, but the group must enroll 5 in Vol. Life in order to get a flat dental renewal		
<u>Rate Guarantee</u>		2 Years		2 Years		
<u>Participation</u>		Greater of 10 lives or 42%		10% or 5 lives, whichever is greater. All eligible employees may enroll for coverage		
<u>Proof of Good Health</u>				Required for life insurance amounts greater than:		
Employee	A one-time open enrollment is available for a period of up to 90 days prior to the effective date of the policy, subject to the enrollment strategy requirements. During this time, the employee/member may elect insurance for the first time or request increased insurance up to the Guarantee Issue amount for the employee/member and any dependents (if applicable) without providing health information	Required for life insurance amounts greater than: Under age 70: \$70,000 Age 70 and over: \$10,000		anyone selecting an amount in excess of the guarantee issue limit <b>Guarantee Issue Limits Are:</b> Employees: Under age 60 - \$50,000; Age 60 - 69 - \$10,000 Spouse: Under Age 60 \$10,000 Children: All amounts are guaranteed issue		
Spouse		Under age 70: \$20,000 Age 70 and over: \$10,000				
Children						

\*\*Employee coverage is required for spouse to elect coverage. Spouse cannot exceed 100% of the employee's coverage. Child benefits cannot exceed 100% of the employee's coverage.

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