



Clay Township Regional Waste District

www.ctrwd.org Phone (317) 844-9200 Fax (317) 844-9203

PERSONNEL & BENEFITS COMMITTEE MEETING

Monday, April 23 ,2018 @ 7:30 A.M.
10701 N. College Ave, Suite A, Indianapolis, IN 46280

AGENDA

1. Public Comment
2. Safety Update
3. Health Insurance Alternatives
4. Position Ladders Update
5. Other Business

Next Meeting: **Tuesday**, May 29, 2018 @ 7:30 A.M.



MEMORANDUM

To: P&B Committee
From: Loren Prange
Date: April 16, 2018
Subject: Safety Update

The District has had no reportable injuries and has gone 2981 days without a lost time accident.

The following safety tailgate sessions were held:

03/20/18 Eyes on safety
03/27/18 How to conduct a safety tailboard
04/10/18 Trenching: Don't dig into trouble!

The monthly inspection for fire extinguishers were completed this month.

All safety issues found by the Zionsville Fire department were completed. We replaced two bad outside GFI covers and cleared a path blocking the storage barn electrical panel.

On April 23rd the District is providing training on 3 topics. PPE "Personal Protection Equipment" this helps staff pick the right safety equipment for the job. Hearing conservation talks about how continual exposure to elevated noise levels can damage your hearing and how to protect yourself. Ergonomics and proper lifting discuss proper lifting techniques and evaluating you work station and proper posture.



MEMORANDUM

To: P&B Committee
From: Andrew Williams
Date: April 18, 2018
Subject: Health Insurance Alternatives

The District currently has an Anthem Legacy (Grandmothered) Small Group plan with coverage through December 31, 2018. It is our understanding that Anthem is extending this plan option through 2019. Since the District received such a substantial increase last year, we have started to look into alternative plans. Our insurance agent obtained quotes for a hypothetical May 1 renewal.

The attached table shows a summary of similar plans with Anthem, IU Health and United Healthcare. These alternatives are all Affordable Care Act compliant. To show the very wide variety of coverage, I have attached spreadsheets showing all the options with IU Health. While no decision needs to be made at this time as our coverage is through the end of the year, I recommend the Committee begin the discussion of what coverage levels are reasonable to maintain.

Clay Township Regional Waste District

Employee Benefits Medical / Rx

Effective Date: May 01, 2018



Rate Summary

		1	2	3	4
		Anthem Current	Anthem ACA Quote	IU Health ACA Quote	United Healthcare ACA Quote
<u>Medical / Rx</u>		V09 Lumenos HSA Opt 1	Gold BA PPO 2000/0%/3000 w/H.S.A. 2TPW	Gold H.S.A. \$1,500 Expanded (Opt 27)	Silver AU65 Rx 652 / Choice H.S.A. (Opt 24)
Single	5	\$670.55	\$655.85	\$625.70	\$574.11
EE/Spouse	1	\$1,408.15	\$1,311.70	\$1,157.55	\$1,148.22
EE/Child(ren)	3	\$1,206.99	\$1,213.32	\$1,251.41	\$1,062.10
Family	12	\$1,944.59	\$1,869.17	\$1,783.25	\$1,636.21
Monthly Costs	21	\$31,716.95	\$30,660.95	\$29,439.28	\$26,839.59
Annual Costs		\$380,603.40	\$367,931.40	\$353,271.36	\$322,075.08
Percent of change over current			-3.33%	-7.18%	-15.38%
Annual Premium Difference			-\$12,672	-\$27,332	-\$58,528

Plan Summary

	Network 75% Net Eligible Blue Access Network	Network 75% Net Eligible Blue Access Network	Network IU & Community Network - Tier 1 Encore - Tier 2 Includes Tier 1 -2	Network 50% Total eligible UHC National Network
Pediatric Vision	No	Yes	Yes	Yes
Pediatric Dental	No	Yes	No	Yes
	Non - ACA	Gold Plan	Gold Plan	Silver Plan
Annual Deductible - Single/Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$1,500 / \$3,000 - Tier 1 \$2,000 / \$4,000 - Tier 2	\$2,700 / \$5,400
Deductible - Embedded or Aggregate	Aggregate	Aggregate	Aggregate	Embedded
Coinurance	80% / 20%	100% / 0%	80% / 20% - Tier 1 60% / 40% - Tier 2	80% / 20%
Maximum Out of Pocket - Single/Family	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000 - Tier 1 3,750 / \$7,500 - Tier 2	\$6,250 / \$12,500
Office Visit Copay - Primary Care Physician	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% Tier 1 Deductible, then 60% Tier 2	Deductible, then 80%
Office Visit Copay - Specialist	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% Tier 1 Deductible, then 60% Tier 2	Deductible, then 80%
Virtual Visits	Deductible, then 80%	Deductible, then 100%	Deductible, then \$49	Deductible, then 80%
Emergency Room	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% - Tier 1	Deductible, then 80%
Urgent Care	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% - Tier 1	Deductible, then 80%
Preventive Services	100%	100%	100%	100%
Hospital Services - Inpatient	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% - Tier 1	Deductible, then 80%
Outpatient surgery	Deductible, then 80%	Deductible, then 100%	Deductible, then 80% - Tier 1	Deductible, then 80%
Annual Deductible - Single/Family	Non-Network \$3,000 / \$6,000	Non-Network \$6,000 / \$12,000	Non-Network N/A	Non-Network N/A
Coinurance	60% / 40%	70% / 30%	N/A	N/A
Maximum Out of Pocket (MOOP) - Single/Family	\$6,000 / \$12,000	\$9,000 / \$18,000	N/A	N/A
Rx Deductible	Prescription Drugs Medical deductible, then:	Prescription Drugs Medical Deductible, then:	Prescription Drugs Medical Deductible, then:	Prescription Drugs Medical Deductible, then:
Retail	80%	Preferred Network Provider: \$15 / \$40 / \$80 In Network Provider: \$25 / \$50 / \$90 \$38 / \$120 / \$240	\$5 / \$15 / 80% / 65%	Preferred Specialty Network pharmacy \$20 / \$45 / \$85 / \$250 Non-Preferred Specialty Network Pharmacy \$40 / \$90 / \$170 / \$500
Mail Order	90%		\$12.50 / \$37.50 / 20% / 35%	\$50 / \$112.50 / \$212.50 / \$625
Specialty	80% retail / 90% Mail order	75% Preferred Network / 65% Network	65% / no mail order	see above

This document is for illustrative and comparative purposes only. The information summarizes the proposals of the carriers and the coverage, terms, conditions, and exclusions of their underlying policies. In the event of a discrepancy, the carriers' policies will prevail. The above information may also be subject to final underwriting review by the carriers which may result in premium fluctuations and other modifications prior to final binding of the insurance. Please do not cancel your coverage until an application has been approved in writing.



Health Plans

Quote Type: New

Prepared for: Clay Township Regional Waste District

Sales Representative: Rob Strickland

Rate Effective Date: 5/1/2018

Plan Information

Plan Name	Metal Level	HSA	Embedded Deductible
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Medical Benefits

Deductible	OOP Max	Coins	PCP / SPC	ER
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Pharmacy Benefits

Gen Pref	Gen N. Pref	Brand Pref	Brand N. Pref	Spec
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Premium Rates

Coverage Type			
EE	ES	ED	Fam

Group Total Premiums

Monthly Premium	Annual Premium	Percent Change
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Single Tier Benefit Options

Gold 1500	Gold	No	Embedded
Gold 1000	Gold	No	Embedded
Gold 750	Gold	No	Embedded
Gold Standardized	Gold	No	Embedded
Gold H.S.A. 1350 Basic	Gold	Yes	Non Embedded
Gold 2500	Gold	No	Embedded
Gold H.S.A. 2700	Gold	Yes	Embedded
Gold H.S.A. 1500	Gold	Yes	Non Embedded
Silver 2500	Silver	No	Embedded
Silver 3000	Silver	No	Embedded
Silver Standardized	Silver	No	Embedded
Silver H.S.A. 2000 Basic	Silver	Yes	Non Embedded
Silver 2000 Exclusive	Silver	No	Embedded
Silver H.S.A. 2700 Basic	Silver	Yes	Embedded
Silver H.S.A. 2000 Exclusive	Silver	Yes	Non Embedded
Silver 5000	Silver	No	Embedded
Bronze 5000 Exclusive	Bronze	No	Embedded
Bronze 6500 Exclusive	Bronze	No	Embedded
Bronze Standardized	Bronze	No	Embedded

\$1,500 / \$3,000	\$4,500 / \$9,000	10%	\$25 / \$50	0 then de
\$1,000 / \$2,000	\$4,500 / \$9,000	20%	\$25 / \$50	0 then de
\$750 / \$1,500	\$5,500 / \$11,000	20%	\$25 / \$50	0 then de
\$1,250 / \$2,500	\$4,750 / \$9,500	20%	\$20 / \$50	\$250*
\$1,350 / \$2,700	\$2,700 / \$5,400	10%	10%* / 10%*	10%*
\$2,500 / \$5,000	\$3,500 / \$7,000	10%	\$25 / \$50	0 then de
\$2,700 / \$5,400	\$2,700 / \$5,400	0%	0%* / 0%*	0%*
\$1,500 / \$3,000	\$3,000 / \$6,000	20%	20%* / 20%*	20%*
\$2,500 / \$5,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$3,000 / \$6,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$3,500 / \$7,000	\$7,150 / \$14,300	20%	\$30 / \$65	\$400*
\$2,000 / \$4,000	\$5,600 / \$11,200	20%	20%* / 20%*	20%*
\$2,000 / \$4,000	\$7,350 / \$14,700	50%	\$40 / \$80	0 then de
\$2,700 / \$5,400	\$6,400 / \$10,800	20%	20%* / 20%*	20%*
\$2,000 / \$4,000	\$6,550 / \$13,100	30%	30%* / 30%*	30%*
\$5,000 / \$10,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$5,000 / \$10,000	\$7,350 / \$14,700	40%	40%* / 40%*	0 then de
\$6,500 / \$13,000	\$6,500 / \$13,000	0%	0%* / 0%*	0%*
\$6,650 / \$13,300	\$7,150 / \$14,300	50%	\$45 then 50%*	50%*

\$5	\$15	\$35	\$70	35%*
\$5	\$15	\$35	\$70	35%*
\$5	\$15	\$35	\$70	35%*
\$6	\$11	\$30	\$75	30%
\$5*	\$15*	10%*	35%*	35%*
\$5	\$15	\$35	\$70	35%*
0%*	0%*	0%*	0%*	0%*
\$5*	\$15*	20%*	35%*	35%*
\$10	\$25	20%*	35%*	35%*
\$10	\$25	\$40	\$80	35%*
\$7	\$17	\$50	\$100	40%
\$10*	\$25*	20%*	35%*	35%*
\$10	\$25	\$40	\$80	50%*
\$10*	\$25*	20%*	35%*	35%*
30%*	30%*	30%*	30%*	30%*
\$10	\$25	\$40	\$80	35%*
\$10	\$25	40%*	40%*	40%*
0%*	0%*	0%*	0%*	0%*
\$15	\$40	35%*	40%*	45%*

\$ 620.55	\$ 1,148.01	\$ 1,241.09	\$ 1,768.56
\$ 615.94	\$ 1,139.49	\$ 1,231.88	\$ 1,755.43
\$ 618.51	\$ 1,144.24	\$ 1,237.01	\$ 1,762.74
\$ 659.86	\$ 1,220.74	\$ 1,319.72	\$ 1,880.60
\$ 615.86	\$ 1,139.34	\$ 1,231.72	\$ 1,755.21
\$ 611.86	\$ 1,131.95	\$ 1,223.73	\$ 1,743.81
\$ 594.94	\$ 1,100.64	\$ 1,189.88	\$ 1,695.58
\$ 597.65	\$ 1,105.66	\$ 1,195.30	\$ 1,703.31
\$ 543.28	\$ 1,005.06	\$ 1,086.55	\$ 1,548.34
\$ 539.04	\$ 997.22	\$ 1,078.08	\$ 1,536.26
\$ 559.52	\$ 1,035.12	\$ 1,119.05	\$ 1,594.64
\$ 535.00	\$ 989.75	\$ 1,070.00	\$ 1,524.76
\$ 519.15	\$ 960.42	\$ 1,038.29	\$ 1,479.57
\$ 522.60	\$ 966.81	\$ 1,045.20	\$ 1,489.41
\$ 516.57	\$ 955.66	\$ 1,033.14	\$ 1,472.23
\$ 519.82	\$ 961.67	\$ 1,039.65	\$ 1,481.50
\$ 455.85	\$ 843.32	\$ 911.70	\$ 1,299.17
\$ 453.03	\$ 838.11	\$ 906.07	\$ 1,291.14
\$ 450.60	\$ 833.60	\$ 901.19	\$ 1,284.20

\$ 29,196.69	\$ 350,360.28	N/A
\$ 28,979.98	\$ 347,759.76	N/A
\$ 29,100.69	\$ 349,208.28	N/A
\$ 31,046.36	\$ 372,556.32	N/A
\$ 28,976.29	\$ 347,715.48	N/A
\$ 28,788.23	\$ 345,458.76	N/A
\$ 27,991.98	\$ 335,903.76	N/A
\$ 28,119.51	\$ 337,434.12	N/A
\$ 25,561.12	\$ 306,733.44	N/A
\$ 25,361.76	\$ 304,341.12	N/A
\$ 26,325.54	\$ 315,906.48	N/A
\$ 25,171.86	\$ 302,062.32	N/A
\$ 24,425.85	\$ 293,110.20	N/A
\$ 24,588.41	\$ 295,060.92	N/A
\$ 24,304.69	\$ 291,656.28	N/A
\$ 24,457.69	\$ 293,492.28	N/A
\$ 21,447.64	\$ 257,371.68	N/A
\$ 21,315.19	\$ 255,782.28	N/A
\$ 21,200.55	\$ 254,406.60	N/A

Two Tier Benefit Options

Bronze 6250 Plus	Bronze	No	Embedded
Gold 1500 Plus	Gold	No	Embedded
Gold 1000 Plus	Gold	No	Embedded
Gold 750 Plus	Gold	No	Embedded
Gold H.S.A. 1350 Basic Plus	Gold	Yes	Non Embedded
Gold 2500 Plus	Gold	No	Embedded
Gold H.S.A. 2700 Expanded	Gold	Yes	Embedded
Gold H.S.A. 1500 Expanded	Gold	Yes	Non Embedded
Silver 2500 Plus	Silver	No	Embedded
Silver 3000 Plus	Silver	No	Embedded
Silver 3500 Plus	Silver	No	Embedded
Silver H.S.A. 2000 Basic Plus	Silver	Yes	Non Embedded
Silver H.S.A. 2700 Basic Plus	Silver	Yes	Embedded
Silver 5000 Plus	Silver	No	Embedded
Bronze H.S.A. 5500 Basic	Bronze	Yes	Embedded

\$6,250 / \$12,500	\$6,250 / \$12,500	0%	0%* / 0%*	0%*
\$1,500 / \$3,000	\$4,500 / \$9,000	10%	\$25 / \$50	0 then de
\$1,000 / \$2,000	\$4,500 / \$9,000	20%	\$25 / \$50	0 then de
\$750 / \$1,500	\$5,500 / \$11,000	20%	\$25 / \$50	0 then de
\$1,350 / \$2,700	\$2,700 / \$5,400	10%	10%* / 10%*	10%*
\$2,500 / \$5,000	\$3,500 / \$7,000	10%	\$25 / \$50	0 then de
\$2,700 / \$5,400	\$2,700 / \$5,400	0%	0%* / 0%*	0%*
\$1,500 / \$3,000	\$3,000 / \$6,000	20%	20%* / 20%*	20%*
\$2,500 / \$5,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$3,000 / \$6,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$3,500 / \$7,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$2,000 / \$4,000	\$5,600 / \$11,200	20%	20%* / 20%*	20%*
\$2,700 / \$5,400	\$5,400 / \$10,800	20%	20%* / 20%*	20%*
\$5,000 / \$10,000	\$7,350 / \$14,700	20%	\$40 / \$80	0 then de
\$5,500 / \$11,000	\$6,550 / \$13,100	20%	20%* / 20%*	20%*

0%*	0%*	0%*	0%*	0%*
\$5	\$15	\$35	\$70	35%*
\$5	\$15	\$35	\$70	35%*
\$5	\$15	\$35	\$70	35%*
\$5*	\$15*	10%*	35%*	35%*
\$5	\$15	\$35	\$70	35%*
0%*	0%*	0%*	0%*	0%*
\$5*	\$15*	20%*	35%*	35%*
\$10	\$25	20%*	35%*	35%*
\$10	\$25	\$40	\$80	35%*
\$10	\$25	\$40	\$80	20%*
\$10*	\$25*	20%*	35%*	35%*
\$10*	\$25*	20%*	35%*	35%*
\$10	\$25	\$40	\$80	35%*
20%*	20%*	20%*	20%*	20%*

\$ 976.92	\$ 1,807.31	\$ 1,953.85	\$ 2,784.23
\$ 645.68	\$ 1,194.51	\$ 1,291.36	\$ 1,840.19
\$ 641.10	\$ 1,186.04	\$ 1,282.21	\$ 1,827.14
\$ 643.68	\$ 1,190.81	\$ 1,287.36	\$ 1,834.48
\$ 640.67	\$ 1,185.23	\$ 1,281.33	\$ 1,825.90
\$ 637.74	\$ 1,179.81	\$ 1,275.47	\$ 1,817.55
\$ 624.09	\$ 1,154.57	\$ 1,248.19	\$ 1,778.67
\$ 625.70	\$ 1,157.55	\$ 1,251.41	\$ 1,783.25
\$ 567.64	\$ 1,050.14	\$ 1,135.29	\$ 1,617.78
\$ 562.66	\$ 1,040.93	\$ 1,125.32	\$ 1,603.59
\$ 557.38	\$ 1,031.16	\$ 1,114.77	\$ 1,588.54
\$ 557.21	\$ 1,030.83	\$ 1,114.42	\$ 1,588.04
\$ 545.15	\$ 1,008.53	\$ 1,090.30	\$ 1,553.68
\$ 544.92	\$ 1,008.11	\$ 1,089.85	\$ 1,553.04
\$ 453.74	\$ 839.43	\$ 907.49	\$ 1,293.17

\$ 45,964.21	\$ 551,570.52	N/A
\$ 30,379.26	\$ 364,551.12	N/A
\$ 30,163.88	\$ 361,966.56	N/A
\$ 30,285.08	\$ 363,420.96	N/A
\$ 30,143.32	\$ 361,719.84	N/A
\$ 30,005.44	\$ 360,065.28	N/A
\$ 29,363.62	\$ 352,363.44	N/A
\$ 29,439.35	\$ 353,272.20	N/A
\$ 26,707.61	\$ 320,491.32	N/A
\$ 26,473.26	\$ 317,679.12	N/A
\$ 26,224.89	\$ 314,698.68	N/A
\$ 26,216.63	\$ 314,599.56	N/A
\$ 25,649.34	\$ 307,792.08	N/A
\$ 25,638.71	\$ 307,664.52	N/A
\$ 21,348.70	\$ 256,184.40	N/A

Deductible and Out-of-Pocket Max are given as Single/Family

* Deductible Applies

Cobra administration is available for an additional fee of \$1.25 PEPM. Please check this box if you would like to add Cobra administration: ☐ Add Cobra Administration for \$1.25 PEPM



Health Plans

Quote Type: New

Prepared for: Clay Township Regional Waste District

Sales Representative: Rob Strickland

Rate Effective Date: 5/1/2018

Plan Information

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9
Plan Name	Gold 1500	Gold 1000	Gold 750	Gold Standardized	Gold H.S.A 1350 Basic	Gold 2500	Gold H.S.A. 2700	Gold H.S.A. 1500	Silver 2500
HIOS ID	33380IN0030017	33380IN0030011	33380IN0030009	33380IN0030092	33380IN0030013	33380IN0030025	33380IN0030027	33380IN0030015	33380IN0030023
Metal Level	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Silver
HSA Qualified	No	No	No	No	Yes	No	Yes	Yes	No
Embedded Deductible?	Embedded	Embedded	Embedded	Embedded	Non Embedded	Embedded	Embedded	Non Embedded	Embedded

Tier 1 Medical Benefits

Deductible (Single / Family)	\$1,500 / \$3,000	\$1,000 / \$2,000	\$750 / \$1,500	\$1,250 / \$2,500	\$1,350 / \$2,700	\$2,500 / \$5,000	\$2,700 / \$5,400	\$1,500 / \$3,000	\$2,500 / \$5,000
Out-of-Pocket Max (Single / Family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$5,500 / \$11,000	\$4,750 / \$9,500	\$2,700 / \$5,400	\$3,500 / \$7,000	\$2,700 / \$5,400	\$3,000 / \$6,000	\$7,350 / \$14,700
Inpatient Services	10% after ded	20% after ded	20% after ded	20% after ded	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded
Outpatient Services	10% after ded	20% after ded	20% after ded	20% after ded	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded
Preventative Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit (PCP / Specialist)	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$20 / \$50	10% after ded / 10% after ded	\$25 / \$50	0% after ded / 0% after ded	20% after ded / 20% after ded	\$40 / \$80
Emergency Services	\$300 then ded	\$300 then ded	\$300 then ded	\$250 after ded	10% after ded	\$350 then ded	0% after ded	20% after ded	\$350 then ded
Urgent Care	\$50	\$50	\$50	\$65	10% after ded	\$50	0% after ded	20% after ded	\$80
Outpatient Psychiatric	\$25	\$25	\$25	\$20	10% after ded	\$25	0% after ded	20% after ded	\$40

Tier 2 Medical Benefits

Deductible (Single / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Single / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit (PCP / Specialist)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Pharmacy Benefits

Tier 1: Generic Preferred	\$5	\$5	\$5	\$6	\$5 after ded	\$5	0% after ded	\$5 after ded	\$10
Tier 2: Generic Non-Preferred	\$15	\$15	\$15	\$11	\$15 after ded	\$15	0% after ded	\$15 after ded	\$25
Tier 3: Brand Preferred	\$35	\$35	\$35	\$30	10% after ded	\$35	0% after ded	20% after ded	20% after ded
Tier 4: Brand Non-Preferred	\$70	\$70	\$70	\$75	35% after ded	\$70	0% after ded	35% after ded	35% after ded
Tier 5: Specialty	35% after ded	35% after ded	35% after ded	30%	35% after ded	35% after ded	0% after ded	35% after ded	35% after ded

Premium Rates

Coverage Type	Subscribers								
Employee	5	\$ 620.55	\$ 615.94	\$ 618.51	\$ 659.86	\$ 615.86	\$ 611.86	\$ 594.94	\$ 597.65
Employee & Spouse	1	\$ 1,148.01	\$ 1,139.49	\$ 1,144.24	\$ 1,220.74	\$ 1,139.34	\$ 1,131.95	\$ 1,100.64	\$ 1,105.66
Employee & Child(ren)	3	\$ 1,241.09	\$ 1,231.88	\$ 1,237.01	\$ 1,319.72	\$ 1,231.72	\$ 1,223.73	\$ 1,189.88	\$ 1,195.30
Family	12	\$ 1,768.56	\$ 1,755.43	\$ 1,762.74	\$ 1,880.60	\$ 1,755.21	\$ 1,743.81	\$ 1,695.58	\$ 1,703.31
Total Monthly Premium	21	\$ 29,196.69	\$ 28,979.98	\$ 29,100.69	\$ 31,046.36	\$ 28,976.29	\$ 28,788.23	\$ 27,991.98	\$ 28,119.51
Total Annual Premium		\$350,360.28	\$347,759.76	\$349,208.28	\$372,556.32	\$347,715.48	\$345,458.76	\$335,903.76	\$337,434.12



Health Plans

Quote Type: New

Prepared for: Clay Township Regional Was

Sales Representative: Rob Strickland

Rate Effective Date: 5/1/2018

Plan Information

	Option 10	Option 11	Option 12	Option 13	Option 14	Option 15	Option 16	Option 17	Option 18
Plan Name	Silver 3000	Silver Standardized	Silver H.S.A. 2000 Basic	Silver 2000 Exclusive	Silver H.S.A. 2700 Basic	Silver H.S.A. 2000 Exclusive	Silver 5000	Bronze 5000 Exclusive	Bronze 6500 Exclusive
HIOS ID	33380IN0030031	33380IN0030091	33380IN0030020	33380IN0030022	33380IN0030029	33380IN0030019	33380IN0030033	33380IN0030036	33380IN0030037
Metal Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Bronze	Bronze
HSA Qualified	No	No	Yes	No	Yes	Yes	No	No	No
Embedded Deductible?	Embedded	Embedded	Non Embedded	Embedded	Embedded	Non Embedded	Embedded	Embedded	Embedded

Tier 1 Medical Benefits

Deductible (Single / Family)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,700 / \$5,400	\$2,000 / \$4,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Out-of-Pocket Max (Single / Family)	\$7,350 / \$14,700	\$7,150 / \$14,300	\$5,600 / \$11,200	\$7,350 / \$14,700	\$5,400 / \$10,800	\$6,550 / \$13,100	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,500 / \$13,000
Inpatient Services	20% after ded	20% after ded	20% after ded	50% after ded	20% after ded	30% after ded	20% after ded	40% after ded	0% after ded
Outpatient Services	20% after ded	20% after ded	20% after ded	50% after ded	20% after ded	30% after ded	20% after ded	40% after ded	0% after ded
Preventative Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit (PCP / Specialist)	\$40 / \$80	\$30 / \$65	20% after ded / 20% after ded	\$40 / \$80	20% after ded / 20% after ded	30% after ded / 30% after ded	\$40 / \$80	40% after ded / 40% after ded	0% after ded / 0% after ded
Emergency Services	\$350 then ded	\$400 after ded	20% after ded	\$350 then ded	20% after ded	30% after ded	\$350 then ded	\$400 then ded	0% after ded
Urgent Care	\$80	\$75	20% after ded	\$80	20% after ded	30% after ded	\$80	40% after ded	0% after ded
Outpatient Psychiatric	\$40	\$30	20% after ded	\$40	20% after ded	30% after ded	\$40	40% after ded	0% after ded

Tier 2 Medical Benefits

Deductible (Single / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (Single / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit (PCP / Specialist)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Pharmacy Benefits

Tier 1: Generic Preferred	\$10	\$7	\$10 after ded	\$10	\$10 after ded	30% after ded	\$10	\$10	0% after ded
Tier 2: Generic Non-Preferred	\$25	\$17	\$25 after ded	\$25	\$25 after ded	30% after ded	\$25	\$25	0% after ded
Tier 3: Brand Preferred	\$40	\$50	20% after ded	\$40	20% after ded	30% after ded	\$40	40% after ded	0% after ded
Tier 4: Brand Non-Preferred	\$80	\$100	35% after ded	\$80	35% after ded	30% after ded	\$80	40% after ded	0% after ded
Tier 5: Specialty	35% after ded	40%	35% after ded	50% after ded	35% after ded	30% after ded	35% after ded	40% after ded	0% after ded

Premium Rates

Coverage Type	Subscribers								
Employee	5	\$ 539.04	\$ 559.52	\$ 535.00	\$ 519.15	\$ 522.60	\$ 516.57	\$ 519.82	\$ 455.85
Employee & Spouse	1	\$ 997.22	\$ 1,035.12	\$ 989.75	\$ 960.42	\$ 966.81	\$ 955.66	\$ 961.67	\$ 843.32
Employee & Child(ren)	3	\$ 1,078.08	\$ 1,119.05	\$ 1,070.00	\$ 1,038.29	\$ 1,045.20	\$ 1,033.14	\$ 1,039.65	\$ 911.70
Family	12	\$ 1,536.26	\$ 1,594.64	\$ 1,524.76	\$ 1,479.57	\$ 1,489.41	\$ 1,472.23	\$ 1,481.50	\$ 1,299.17

Total Monthly Premium	21	\$ 25,361.76	\$ 26,325.54	\$ 25,171.86	\$ 24,425.85	\$ 24,588.41	\$ 24,304.69	\$ 24,457.69	\$ 21,447.64
Total Annual Premium		\$304,341.12	\$315,906.48	\$302,062.32	\$293,110.20	\$295,060.92	\$291,656.28	\$293,492.28	\$257,371.68



Health Plans

Quote Type: New

Prepared for: Clay Township Regional Was

Sales Representative: Rob Strickland

Rate Effective Date: 5/1/2018

Plan Information

	Option 19	Option 20	Option 21	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27
Plan Name	Bronze Standardized	Bronze 6250 Plus	Gold 1500 Plus	Gold 1000 Plus	Gold 750 Plus	Gold H.S.A. 1350 Basic Plus	Gold 2500 Plus	Gold H.S.A. 2700 Expanded	Gold H.S.A. 1500 Expanded
HIOS ID	33380IN0030090	33380IN0060001	33380IN0050005	33380IN0050002	33380IN0050001	33380IN0050003	33380IN0050008	33380IN0050009	33380IN0050004
Metal Level	Bronze	Bronze	Gold	Gold	Gold	Gold	Gold	Gold	Gold
HSA Qualified	No	No	No	No	No	Yes	No	Yes	Yes
Embedded Deductible?	Embedded	Embedded	Embedded	Embedded	Embedded	Non Embedded	Embedded	Embedded	Non Embedded

Tier 1 Medical Benefits

Deductible (Single / Family)	\$6,650 / \$13,300	\$6,250 / \$12,500	\$1,500 / \$3,000	\$1,000 / \$2,000	\$750 / \$1,500	\$1,350 / \$2,700	\$2,500 / \$5,000	\$2,700 / \$5,400	\$1,500 / \$3,000
Out-of-Pocket Max (Single / Family)	\$7,150 / \$14,300	\$6,250 / \$12,500	\$4,500 / \$9,000	\$4,500 / \$9,000	\$5,500 / \$11,000	\$2,700 / \$5,400	\$3,500 / \$7,000	\$2,700 / \$5,400	\$3,000 / \$6,000
Inpatient Services	50% after ded	0% after ded	10% after ded	20% after ded	20% after ded	10% after ded	10% after ded	0% after ded	20% after ded
Outpatient Services	50% after ded	0% after ded	10% after ded	20% after ded	20% after ded	10% after ded	10% after ded	0% after ded	20% after ded
Preventative Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit (PCP / Specialist)	3 visits \$45 then 50% after ded / 50% after ded	0% after ded / 0% after ded	\$25 / \$50	\$25 / \$50	\$25 / \$50	10% after ded / 10% after ded	\$25 / \$50	0% after ded / 0% after ded	20% after ded / 20% after ded
Emergency Services	50% after ded	0% after ded	\$300 then ded	\$300 then ded	\$300 then ded	10% after ded	\$350 then ded	0% after ded	20% after ded
Urgent Care	50% after ded	0% after ded	\$50	\$50	\$50	10% after ded	\$50	0% after ded	20% after ded
Outpatient Psychiatric	\$45	0% after ded	\$25	\$25	\$25	10% after ded	\$25	0% after ded	20% after ded

Tier 2 Medical Benefits

Deductible (Single / Family)	N/A	\$6,250 / \$12,500	\$3,000 / \$6,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$2,700 / \$5,400	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$4,000
Out-of-Pocket Max (Single / Family)	N/A	\$7,150 / \$14,300	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$5,400 / \$10,800	\$7,050 / \$14,100	\$6,550 / \$13,100	\$3,750 / \$7,500
Coinsurance	N/A	30%	40%	50%	50%	40%	30%	30%	40%
Office Visit (PCP / Specialist)	N/A	30% after ded / 30% after ded	40% after ded / 40% after ded	50% after ded / 50% after ded	50% after ded / 50% after ded	40% after ded / 40% after ded	30% after ded / 30% after ded	30% after ded / 30% after ded	40% after ded / 40% after ded

Pharmacy Benefits

Tier 1: Generic Preferred	\$15	0% after ded	\$5	\$5	\$5	\$5 after ded	\$5	0% after ded	\$5 after ded
Tier 2: Generic Non-Preferred	\$40	0% after ded	\$15	\$15	\$15	\$15 after ded	\$15	0% after ded	\$15 after ded
Tier 3: Brand Preferred	35% after ded	0% after ded	\$35	\$35	\$35	10% after ded	\$35	0% after ded	20% after ded
Tier 4: Brand Non-Preferred	40% after ded	0% after ded	\$70	\$70	\$70	35% after ded	\$70	0% after ded	35% after ded
Tier 5: Specialty	45% after ded	0% after ded	35% after ded	35% after ded	35% after ded	35% after ded	35% after ded	0% after ded	35% after ded

Premium Rates

Coverage Type	Subscribers								
Employee	5	\$ 450.60	\$ 976.92	\$ 645.68	\$ 641.10	\$ 643.68	\$ 640.67	\$ 637.74	\$ 624.09
Employee & Spouse	1	\$ 833.60	\$ 1,807.31	\$ 1,194.51	\$ 1,186.04	\$ 1,190.81	\$ 1,185.23	\$ 1,179.81	\$ 1,154.57
Employee & Child(ren)	3	\$ 901.19	\$ 1,953.85	\$ 1,291.36	\$ 1,282.21	\$ 1,287.36	\$ 1,281.33	\$ 1,275.47	\$ 1,248.19
Family	12	\$ 1,284.20	\$ 2,784.23	\$ 1,840.19	\$ 1,827.14	\$ 1,834.48	\$ 1,825.90	\$ 1,817.55	\$ 1,778.67
Total Monthly Premium	21	\$ 21,200.55	\$ 45,964.21	\$ 30,379.26	\$ 30,163.88	\$ 30,285.08	\$ 30,143.32	\$ 30,005.44	\$ 29,363.62
Total Annual Premium		\$254,406.60	\$551,570.52	\$364,551.12	\$361,966.56	\$363,420.96	\$361,719.84	\$360,065.28	\$352,363.44



Health Plans

Quote Type: New

Prepared for: Clay Township Regional Was

Sales Representative: Rob Strickland

Rate Effective Date: 5/1/2018

Plan Information

	Option 28	Option 29	Option 30	Option 31	Option 32	Option 33	Option 34
Plan Name	Silver 2500 Plus	Silver 3000 Plus	Silver 3500 Plus	Silver H.S.A. 2000 Basic Plus	Silver H.S.A. 2700 Basic Plus	Silver 5000 Plus	Bronze H.S.A. 5500 Basic
HIOS ID	33380IN0050007	33380IN0050011	33380IN0050051	33380IN0050006	33380IN0050010	33380IN0050012	33380IN0030035
Metal Level	Silver	Silver	Silver	Silver	Silver	Silver	Bronze
HSA Qualified	No	No	No	Yes	Yes	No	Yes
Embedded Deductible?	Embedded	Embedded	Embedded	Non Embedded	Embedded	Embedded	Embedded

Tier 1 Medical Benefits

Deductible (Single / Family)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$2,700 / \$5,400	\$5,000 / \$10,000	\$5,500 / \$11,000
Out-of-Pocket Max (Single / Family)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$5,600 / \$11,200	\$5,400 / \$10,800	\$7,350 / \$14,700	\$6,550 / \$13,100
Inpatient Services	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Outpatient Services	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Preventative Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Office Visit (PCP / Specialist)	\$40 / \$80	\$40 / \$80	\$40 / \$80	20% after ded / 20% after ded	20% after ded / 20% after ded	\$40 / \$80	20% after ded / 20% after ded
Emergency Services	\$350 then ded	\$350 then ded	\$350 then ded	20% after ded	20% after ded	\$350 then ded	20% after ded
Urgent Care	\$80	\$80	\$80	20% after ded	20% after ded	\$80	20% after ded
Outpatient Psychiatric	\$40	\$40	\$40	20% after ded	20% after ded	\$40	20% after ded

Tier 2 Medical Benefits

Deductible (Single / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Pocket Max (Single / Family)	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,550 / \$13,100	\$6,550 / \$13,100	\$7,350 / \$14,700	\$6,550 / \$13,100
Coinsurance	50%	50%	50%	50%	50%	50%	40%
Office Visit (PCP / Specialist)	50% after ded / 50% after ded	50% after ded / 50% after ded	50% after ded / 50% after ded	50% after ded / 50% after ded	50% after ded / 50% after ded	50% after ded / 50% after ded	40% after ded / 40% after ded

Pharmacy Benefits

Tier 1: Generic Preferred	\$10	\$10	\$10	\$10 after ded	\$10 after ded	\$10	20% after ded
Tier 2: Generic Non-Preferred	\$25	\$25	\$25	\$25 after ded	\$25 after ded	\$25	20% after ded
Tier 3: Brand Preferred	20% after ded	\$40	\$40	20% after ded	20% after ded	\$40	20% after ded
Tier 4: Brand Non-Preferred	35% after ded	\$80	\$80	35% after ded	35% after ded	\$80	20% after ded
Tier 5: Specialty	35% after ded	35% after ded	20% after ded	35% after ded	35% after ded	35% after ded	20% after ded

Premium Rates

Coverage Type	Subscribers						
Employee	5	\$ 567.64	\$ 562.66	\$ 557.38	\$ 557.21	\$ 545.15	\$ 544.92
Employee & Spouse	1	\$ 1,050.14	\$ 1,040.93	\$ 1,031.16	\$ 1,030.83	\$ 1,008.53	\$ 1,008.11
Employee & Child(ren)	3	\$ 1,135.29	\$ 1,125.32	\$ 1,114.77	\$ 1,114.42	\$ 1,090.30	\$ 1,089.85
Family	12	\$ 1,617.78	\$ 1,603.59	\$ 1,588.54	\$ 1,588.04	\$ 1,553.68	\$ 1,553.04

Total Monthly Premium	21	\$ 26,707.61	\$ 26,473.26	\$ 26,224.89	\$ 26,216.63	\$ 25,649.34	\$ 25,638.71	\$ 21,348.70
Total Annual Premium		\$320,491.32	\$317,679.12	\$314,698.68	\$314,599.56	\$307,792.08	\$307,664.52	\$256,184.40



MEMORANDUM

To: P&B Committee
From: Andrew Williams
Date: April 18, 2018
Subject: Position Ladders Update

Managers are working to define the certifications and skills that would distinguish the advancement levels within positions. This is unique to each of the specialty areas within the District's job classifications. IDEM has standardized tests and certification levels for the operation of WWTPs and these are being worked into the ladders. There are no state certifications for the operation of the billing software or customer service. Managers are looking into how general training certificates can be incorporated into position ladders.

I have a conference call scheduled with WIS to discuss their experience with position ladders and whether they are aware of other utilities that have these in place.