



TriCo Regional Sewer Utility

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JOINT PERSONNEL & BENEFITS COMMITTEE AND BOARD OF TRUSTEES MEETING

Monday, November 14, 2022 @ 5:30 P.M.
7236 Mayflower Park Drive, Zionsville, IN 46077

AGENDA

1. Public Comment
2. 2023 Health Insurance

Next Scheduled Meeting: November 23, 2022 @ 7:30 A.M.



MEMORANDUM

To: Board of Trustees

From: Andrew Williams

Date: November 7, 2022

Subject: Health, Dental, ST/LT Disability & Life Insurance

Background

Last year Anthem proposed a 23.21% increase in coverage. We had been working with Huntington Insurance to shop the coverage and thankfully we received a very competitive quote from Anthem IPEP (Indiana Public Employer's Plan) for the 2022 coverage that was a 12.17% decrease from the 2021 rates. The Deductible increased from \$2,500/\$5,000 to \$3,000/\$6,000, but the Max out of Pocket reduced from \$3,500/\$7,000 to \$3,000/\$6,000. We have used Mutual of Omaha for the Dental, STD/LTD coverage and Life Insurance since 2020 and had no increase for 2022.

2023 Coverage

Dental, STD/LTD coverage and Life Insurance

I recommend we stay with Mutual of Omaha for the 2023. There is a 3% increase for the dental coverage resulting in a \$76.00 monthly increase. There is no increase in the STD/LTD coverage and Life Insurance premiums for 2023.

Health Insurance

The Anthem IPEP renewal quote for health insurance has a 19.84% increase. It had been higher, but IPEP requested rate relief from Anthem and they come down 7%. The IPEP program does have additional Anthem plans with higher deductibles and higher max out of pocket, but with lower premiums. We also requested our Huntington agent shop the coverage with other carriers. The summary is attached.

The three alternative coverages from IU Health Network have a premium savings but more than double the max out of pocket (in Network) to \$6,800/\$13,600. An even a bigger matter is that this plan provides no coverage for Non-Network. We had looked at IU Health before and did not like that they do not provide Non-Network coverage.

AllState Valenz provided a quote with the same in Network deductibles as our current plan, but with a with Non-Network out of pocket max that is double (\$12,500/\$25,000). Our agent is not familiar with this company's local network. From my online research, Valenz is a managed health care approach.

I recommend we remain with the Anthem IPEP Blue Access PPO BAHSA E2. While it is a large one-year increase, if considered with last year's decrease, we are seeing a 7.76% increase from what we paid in 2021. And with IPEP we are also with a larger pool that should help. When we have changed to a new carrier in the past for the lower rate, we have ended up seeing a large increase the following year and ended up going back to Anthem. The following tables show the increases.

| | Monthly Premium | |
|-------------|-----------------|------------|
| | Current Rates | New Rate |
| Single | \$ 652.50 | \$ 780.50 |
| EE/Spouse | \$ 1,425.50 | \$1,707.50 |
| EE/Children | \$ 1,225.50 | \$1,468.50 |
| Family | \$ 1,966.50 | \$2,357.50 |

| | Employee Monthly Premium | | | |
|-------------|--------------------------|-----------|---------------------|--------------------|
| | Current | 2023 | Increase per pay | Annual Increase |
| Single | \$ 130.50 | \$ 156.10 | \$ 11.82 | \$ 307.20 |
| EE/Spouse | \$ 285.10 | \$ 341.50 | \$ 26.03 | \$ 676.80 |
| EE/Children | \$ 245.10 | \$ 293.70 | \$ 22.43 | \$ 583.20 |
| Family | \$ 393.30 | \$ 471.50 | \$ 36.09 | \$ 938.40 |

TriCo Regional Sewer Utility

Employee Benefits Medical
Renewal Date: January 1, 2023



Plan Summary

| | Current | Renewal | | |
|----------------------------|--------------------------|------------------------|------------------------|--|
| Carrier Network | Anthem IPEP Anthem | Anthem IPEP Anthem | Anthem IPEP Anthem | Anthem Anthem |
| Plan Name | Blue Access PPO HSA | BAHSA E5 | BAHSA E6 | Anthem Link Silver HealthSync HMO 3500EC/6800 w/HSA (74PZ) |
| | Network | Network | Network | Network |
| Single / Family Deductible | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$4,000/ \$8,000 | \$5,000/ \$10,000 |
| Embedded or Aggregate | Embedded | Embedded | Embedded | Embedded |
| Coinurance | 0% | 0% | 0% | 0% |
| Out of Pocket Maximum | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$4,000/ \$8,000 | \$5,000/ \$10,000 |
| Office Visit - PCP | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Office Visit - Specialist | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Emergency Room Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Urgent Care Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Diagnostic Lab/X-Ray | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Complex Imaging | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Inpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Outpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| | Non-Network | Non-Network | Non-Network | Non-Network |
| Single / Family Deductible | \$6,000/\$12,000 | \$6,000/\$12,000 | \$8,000/ \$16,000 | \$10,000/ \$20,000 |
| Coinurance | 30% | 30% | 30% | 30% |
| Out of Pocket Maximum | \$6,000/\$12,000 | \$6,000/\$12,000 | \$8,000/ \$16,000 | \$10,000/ \$20,000 |
| | Prescription | Prescription | Prescription | Prescription |
| | Medical Deductible, then | Major Deductible, then | Major Deductible, then | Major Deductible, then |
| Retail Copays Level 1 | 0% | 0% | 0% | 0% |
| Retail Copays Level 2 | 10% | 10% | 10% | 10% |
| Mail Order Copays | 0% | 0% | 0% | 0% |

Rate Summary

| | Current Rates | Renewal Rates | Alternate Rates | Alternate Rates | Alternate Rates |
|---------------------------|---------------|---------------|-----------------|-----------------|-----------------|
| Single 5 | \$652.50 | \$780.50 | \$726.50 | \$681.50 | \$713.14 |
| EE/Spouse 2 | \$1,425.50 | \$1,707.50 | \$1,589.50 | \$1,489.50 | \$1,426.28 |
| EE/Children 1 | \$1,225.50 | \$1,468.50 | \$1,366.50 | \$1,281.50 | \$1,319.31 |
| Family 12 | \$1,966.50 | \$2,357.50 | \$2,193.50 | \$2,055.50 | \$2,032.45 |
| Monthly Premium 20 | \$30,937 | \$37,076 | \$34,500 | \$32,334 | \$32,127 |
| Annual Premium | \$371,244 | \$444,912 | \$414,000 | \$388,008 | \$385,524 |
| Increase | | 19.84% | 11.52% | 4.52% | 3.85% |
| Annual Premium Difference | | \$73,668 | \$42,756 | \$16,764 | \$14,280 |

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.

TriCo Regional Sewer Utility

Employee Benefits Medical

Renewal Date: January 1, 2022



Plan Summary

| | Current | Renewal | Alternate Carrier Option | Alternate Carrier Option | Alternate Carrier Option |
|----------------------------|--|--------------------------|---|---|---|
| Carrier Network Plan Name | Anthem Lumenos Lumenos HSA Op 3 Rx 5 Network | | IU IU Network Option 2 Silver HSA 3000 Select Network | IU IU Network Option 4 Silver HSA 3500 Select Network | IU IU Network Option 6 Silver HSA 4000 Select Network |
| Single / Family Deductible | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$3,500/ \$7,000 | \$4,000/ \$8,000 |
| Embedded or Aggregate | Embedded | Embedded | Embedded | Embedded | Embedded |
| Coinsurance | 0% | 0% | 20% | 20% | 30% |
| Out of Pocket Maximum | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$6,800/ \$13,600 | \$6,000/ \$12,000 | \$5,500/ \$11,000 |
| Office Visit - PCP | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 10% | Deductible, then 30% |
| Office Visit - Specialist | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 10% | Deductible, then 30% |
| Emergency Room Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| Urgent Care Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| Diagnostic Lab/X-Ray | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| Complex Imaging | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| Inpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| Outpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% |
| | Non-Network | Non-Network | Non-Network | Non-Network | Non-Network |
| Single / Family Deductible | \$6,000/\$12,000 | \$6,000/\$12,000 | N/A | N/A | N/A |
| Coinsurance | 30% | 30% | N/A | N/A | N/A |
| Out of Pocket Maximum | \$6,000/\$12,000 | \$6,000/\$12,000 | N/A | N/A | N/A |
| | Prescription | Prescription | Prescription | Prescription | Prescription |
| | Medical Deductible, then | Medical Deductible, then | Medical Deductible, then | Medical Deductible, then | Medical Deductible, then |
| Retail Copays | 0% | 0% | 20% | 10% | 30% |
| Mail Order Copays | 10% | 10% | 20% | 10% | 30% |
| Specialty | 0% | 0% | 20% | 10% | 30% |

Rate Summary

| | Current Rates | Renewal Rates | Alternate Rates | Alternate Rates | Alternate Rates |
|---------------------------|---------------|---------------|-----------------|-----------------|-----------------|
| Single 5 | \$652.50 | \$780.50 | \$589.92 | \$585.89 | \$575.20 |
| EE/Spouse 2 | \$1,425.50 | \$1,707.50 | \$1,179.63 | \$1,171.78 | \$1,150.40 |
| EE/Children 1 | \$1,225.50 | \$1,468.50 | \$1,091.16 | \$1,083.89 | \$1,064.12 |
| Family 12 | \$1,966.50 | \$2,357.50 | \$1,680.98 | \$1,669.78 | \$1,639.32 |
| Monthly Premium 20 | \$30,937 | \$37,076 | \$26,571.78 | \$26,394.26 | \$25,912.76 |
| Annual Premium | \$371,244 | \$444,912 | \$318,861.36 | \$316,731.12 | \$310,953.12 |
| Increase | | 19.84% | -14.11% | -14.68% | -16.24% |
| Annual Premium Difference | | \$73,668 | -\$52,383 | -\$54,513 | -\$60,291 |

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TriCo Regional Sewer Utility

Employee Benefits Medical

Renewal Date: January 1, 2023



Plan Summary

| Carrier Network Plan Name | Current | Renewal | Alternate Carrier Option |
|---------------------------------|---|---------------------|--|
| | Anthem IPEP Anthem Blue Access PPO HSA Network | | AllState Valenz Plan 2- Quote dated 11/3/22 Network |
| Single / Family Deductible | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$3,000/ \$6,000 |
| Embedded or Aggregate | Embedded | Embedded | Embedded |
| Coinsurance | 0% | 0% | 0% |
| Out of Pocket Maximum | \$3,000/ \$6,000 | \$3,000/ \$6,000 | \$3,000/ \$6,000 |
| Office Visit - PCP | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Office Visit - Specialist | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Emergency Room Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Urgent Care Visit | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Diagnostic Lab/X-Ray | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Complex Imaging | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Inpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| Outpatient Hospital | Deductible, then 0% | Deductible, then 0% | Deductible, then 0% |
| | Non-Network | | Non-Network |
| Single / Family Deductible | \$6,000/\$12,000 | \$6,000/\$12,000 | \$6,000/ \$12,000 |
| Coinsurance | 30% | 30% | 30% |
| Out of Pocket Maximum | \$6,000/\$12,000 | \$6,000/\$12,000 | \$12,500/ \$25,000 |
| | Prescription | | Prescription |
| | Medical Deductible, then | | Major Deductible, then |
| Retail Copays Level 1 | 0% | | 0% |
| Retail Copays Level 2 | 10% | | N/A |
| Mail Order Copays | 0% | | 0% |

Rate Summary

| | Current Rates | Renewal Rates | Alternate Rates |
|---------------------------|---------------|---------------|-----------------|
| Single 5 | \$652.50 | \$780.50 | \$572.48 |
| EE/Spouse 2 | \$1,425.50 | \$1,707.50 | \$1,288.06 |
| EE/Children 1 | \$1,225.50 | \$1,468.50 | \$1,059.08 |
| Family 12 | \$1,966.50 | \$2,357.50 | \$1,774.66 |
| Monthly Premium 20 | \$30,937 | \$37,076 | \$27,794 |
| Annual Premium | \$371,244 | \$444,912 | \$333,522 |
| Increase | | 19.84% | -10.16% |
| Annual Premium Difference | | \$73,668 | -\$37,722 |

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