



TriCo Regional Sewer Utility

www.TriCo.eco Phone (317) 844-9200 Fax (317) 844-9203

Board of Trustees

President

Carl Mills
Jan 2022-Dec 2025
Clay Township Trustee
Appointment

Vice President

Jeff Kimbell
Jan 2023-Dec 2026
Clay Township Trustee
Appointment

Treasurer

Jane Merrill
Jan 2022-Dec 2025
Hamilton County
Commissioners
Appointment

Secretary

Michael McDonald
Jan 2024-Dec 2027
Mayor of Carmel
Appointment

Members

Steve Pittman
Jan 2024-Dec 2027
Clay Township Trustee
Appointment

Jeff Hill
Jan 2024-Dec 2027
Clay Township Trustee
Appointment

Amanda Foley
Jan 2025-Dec 2028
Hamilton County Council
Appointment

Eric Hand
Jan 2025-Dec 2028
Boone County
Commissioners/Zionsville
Appointment

Loren Matthes
Jan 2025-Dec 2028
Clay Township Trustee
Appointment

PERSONNEL & BENEFITS COMMITTEE MEETING

Wednesday, November 5, 2025, at 7:30 a.m.
7236 Mayflower Park Drive, Zionsville, IN 46077

AGENDA

1. Roll Call
2. Public Comment
3. Safety Report
4. Range Adjustment
5. Health Insurance IPEP Renewal Quote
6. Staffing
7. Other Business
8. Adjourn

Next Scheduled Meeting: November 20, 2025 @ 7:30 a.m.



MEMORANDUM

To: P&B Committee
From: Maggie Crediford
Date: October 28, 2025
Subject: Safety Update

It's been 82 days without a lost-time accident.

This month's online safety training through Ving covered the following topics:

- Emergency Roles and Responsibilities
- The Top 3 Machine Hazards
- Types of Machine Guards
- Working Safely Around Machines

On Thursday, October 9, staff participated in fire safety training and a live drill conducted by Trico. The session included procedures to follow during a fire and hands-on practice using a live fire extinguisher.

During routine equipment checks, one air monitor failed calibration and was taken out of service. A replacement CO/H₂S sensor has been ordered and will be installed once received.

Additionally, one confined space entry was completed this month to inspect a check valve in the digester vault.



MEMORANDUM

To: Personnel and Benefits Committee

From: Andrew Williams

Date: October 20, 2025

Subject: 2026 Range Adjustment

TriCo's annual salary ordinance ranges are taken from the established step system. The range spread and steps for each grade level are dependent on the positions and job families, with an increasing number of steps for higher grades in accordance with the salary study. Steps are designed to advance employees within their ranges as they gain experience in their respective positions. The Board approved a range adjustment of 5% for 2023, 4.5% for 2024, and 3% for 2025.

Annual adjustments are made to the ranges to maintain competitive compensation in line with our peers and the local labor market. Several factors have been considered in the past, including the local labor market conditions, rate of inflation as shown in the CPI, and the operational & financial performance of the Utility.

According to the Bureau of Labor Statistics, the Consumer Price Index for All Urban Consumers (CPI-U) increased by 2.9 percent over the last 12 months, before seasonal adjustment, in the "all items" index.

The Atlanta Fed's Wage Growth Tracker measures the nominal wage growth of individuals. The median percentage change in the hourly wage of individuals observed 12 months apart is 4.1%.

Local municipalities have proposed the following adjustments:

Brownsburg	3% - Merit System
Carmel	3% - Step System
Fishers	3% - Max of Range
Greenwood	3% - Merit System
Noblesville	0% - Max of Range
Westfield	2.8% - Merit System
Zionsville	2% - Merit System



MEMORANDUM

To: P&B Committee

From: Andrew Williams

Date: October 31, 2025

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

Background

TriCo changed to Anthem IPEP (Indiana Public Employer's Plan) for the 2022 coverage, as it represented a 12.17% decrease from the 2021 rates. The Deductible increased from \$2,500/\$5,000 to \$3,000/\$6,000, but the maximum out-of-pocket amount was reduced from \$3,500/\$7,000 to \$3,000/\$6,000. The 2023 Anthem IPEP renewal quote for health insurance was a 19.84% increase. We shopped for the coverage but remained with IPEP as it was still the most competitive for the coverage provided. The 2024 Anthem IPEP renewal quote included a 5.2% premium increase, accompanied by an increase in the individual deductible to \$3,200. In 2025, the deductibles increased to \$4,000/\$8,000 to reduce the proposed 15.8% increase to 7.8%.

2026 Coverage

Health Insurance

The Anthem IPEP renewal for our current high-deductible plan is a 9.6% increase, with no changes to the coverage levels. With our current employee participation, the annual premium increases \$45,588 from \$475,224 to \$520,812. TriCo pays 80% and the employee 20% of this premium.

The attached IPEP renewal shows additional Anthem plans.

McGowan is in the process of obtaining quotes from other carriers. We may have these numbers back by the Wednesday, November 5th meeting.

Dental, STD/LTD coverage, and Group Life Insurance

We have not received the Mutual of Omaha renewal for dental, STD/LTD, and group life insurance coverage. The IPEP Anthem plan provided quotes for coverage. McGowan is obtaining quotes from other carriers for all these coverages.

The current annual premium for MoO is \$34,221. The 2026 premiums for the Anthem Plan A are \$29,979 (-12.40%) and for Plan B are \$36,808 (7.56%). Plan A has lower reimbursement limits on services and a \$1,000 annual maximum. Plan B has similar reimbursement limits to the current MoO plans and the same \$1,500 annual maximum.



TriCo Regional Sewer Utility
Renewal Rates Effective: 1/1/2026 - 12/31/2026

Prepared by:
 businesssolver

		BAHSA E5	BAHSA E5
<u>Census</u>		<u>Current Rates</u>	<u>Renewal Rates</u>
Single	4	\$884.50	\$968.50
EE/Sp	5	\$1,936.50	\$2,122.50
EE/Ch	3	\$1,664.50	\$1,823.50
Family	8	\$2,673.50	\$2,930.50
Total	20	\$39,602.00	\$43,401.00

Signature: _____ Date: _____



TriCo Regional Sewer Utility

Rates Effective: 1/1/2026 - 12/31/2026

Prepared by:



IPEP PPO Plans			
	PPO 2 Rx T3 In-Network	PPO 3 Rx T3 In-Network	PPO 7 Rx T3 In-Network
Deductible			
Single	\$250	\$500	\$1,000
Family	\$750	\$1,500	\$3,000
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum (includes deductible)			
Single	\$1,000	\$2,000	\$3,000
Family	\$2,000	\$4,000	\$6,000
Physician Copay			
PCP	\$20	\$20	\$20
SCP	\$20	\$20	\$20
Urgent Care	\$50	\$50	\$50
Emergency Room	\$200	\$200	\$200
Inpatient Services	20%	20%	20%
Outpatient Services	20%	20%	20%
Deductible Type	Embedded	Embedded	Embedded
Out of Network Benefits Available	Yes	Yes	Yes
Prescription Drug Plan *			
Deductible (Rx Choice)			
Retail (30 day supply) - Level 1	\$20/\$40/\$60/25% w \$200 Max	\$20/\$40/\$60/25% w \$200 Max	\$20/\$40/\$60/25% w \$200 Max
Retail (30 day supply) - Level 2	\$30/\$50/\$70/25% w \$200 Max	\$30/\$50/\$70/25% w \$200 Max	\$30/\$50/\$70/25% w \$200 Max
Mail Order (90 day supply)	\$40/\$80/\$120/25% w \$200 Max	\$40/\$80/\$120/25% w \$200 Max	\$40/\$80/\$120/25% w \$200 Max
Census			
Single	4	\$1,275.50	\$1,227.50
EE/Sp	5	\$2,797.50	\$2,693.50
EE/Ch	3	\$2,403.50	\$2,315.50
Family	8	\$3,865.50	\$3,720.50
Total	20	\$57,224.00	\$55,088.00

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

The rates and premium shown here are for illustrative purposes only. Final rates are based on the census at the time of enrollment and the risk tier assigned by underwriting. The premium billed will vary based on the current group census at the time of billing.

Plan Selected: _____ Signature: _____ Date: _____



TriCo Regional Sewer Utility

Rates Effective: 1/1/2026 - 12/31/2026

Prepared by:
 businessolver

IPEP PPO Plans			
		PPO 9 Rx T3	PPO 16 Rx T3
		In-Network	In-Network
Deductible			
Single		\$2,000	\$2,500
Family		\$6,000	\$7,500
Coinsurance		20%	20%
Out-of-Pocket Maximum (includes deductible)			
Single		\$4,000	\$5,000
Family		\$8,000	\$10,000
Physician Copay			
PCP		\$20	\$20
SCP		\$20	\$20
Urgent Care		\$50	\$50
Emergency Room		\$200	\$200
Inpatient Services		20%	20%
Outpatient Services		20%	20%
Deductible Type		Embedded	Embedded
Out of Network Benefits Available		Yes	Yes
Prescription Drug Plan *			
Deductible (Rx Choice)			
Retail (30 day supply) - Level 1		\$20/\$40/\$60/25% w \$200 Max	\$20/\$40/\$60/25% w \$200 Max
Retail (30 day supply) - Level 2		\$30/\$50/\$70/25% w \$200 Max	\$30/\$50/\$70/25% w \$200 Max
Mail Order (90 day supply)		\$40/\$80/\$120/25% w \$200 Max	\$40/\$80/\$120/25% w \$200 Max
	Census		
Single	4	\$1,120.50	\$1,085.50
EE/Sp	5	\$2,454.50	\$2,380.50
EE/Ch	3	\$2,111.50	\$2,046.50
Family	8	\$3,391.50	\$3,286.50
Total	20	\$50,221.00	\$48,676.00

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

The rates and premium shown here are for illustrative purposes only. Final rates are based on the census at the time of enrollment and the risk tier assigned by underwriting. The premium billed will vary based on the current group census at the time of billing.

Plan Selected: _____ Signature: _____ Date: _____



TriCo Regional Sewer Utility
Rates Effective: 1/1/2026 - 12/31/2026

Prepared by:
 businesssolver

IPEP H.S.A. Plans			
		BAHSA E2	BAHSA E5
		In-Network	In-Network
Deductible			
Single		\$3,400	\$4,000
Family		\$6,000	\$8,000
Coinsurance		0%	0%
Out-of-Pocket Maximum (includes deductible)			
Single		\$3,400	\$4,000
Family		\$6,000	\$8,000
Physician Copay			
PCP		0%	0%
SCP		0%	0%
Urgent Care		0%	0%
Emergency Room		0%	0%
Inpatient Services		0%	0%
Outpatient Services		0%	0%
Deductible Type		Embedded	Embedded
Out of Network Benefits Available		Yes	Yes
Prescription Drug Plan *			
Deductible (Rx Choice)		Medical deductible applies first	Medical deductible applies first
Retail (30 day supply) - Level 1		0%	0%
Retail (30 day supply) - Level 2		10%	10%
Mail Order (90 day supply)		0%	0%
	Census		
Single	4	\$1,039.50	\$968.50
EE/Sp	5	\$2,280.50	\$2,122.50
EE/Ch	3	\$1,960.50	\$1,823.50
Family	8	\$3,149.50	\$2,930.50
Total	20	\$46,638.00	\$43,401.00

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

The rates and premium shown here are for illustrative purposes only. Final rates are based on the census at the time of enrollment and the risk tier assigned by underwriting. The premium billed will vary based on the current group census at the time of billing.

Plan Selected: _____ Signature: _____ Date: _____



TriCo Regional Sewer Utility

Rates Effective: 1/1/2026 - 12/31/2026

Prepared by:
 businesssolver

IPEP H.S.A. Plans			
		BAHSA E6	BAHSA E7
		In-Network	In-Network
Deductible			
Single		\$5,000	\$6,000
Family		\$10,000	\$12,000
Coinsurance		0%	0%
Out-of-Pocket Maximum (includes deductible)			
Single		\$5,000	\$6,000
Family		\$10,000	\$12,000
Physician Copay			
PCP		0%	0%
SCP		0%	0%
Urgent Care		0%	0%
Emergency Room		0%	0%
Inpatient Services		0%	0%
Outpatient Services		0%	0%
Deductible Type		Embedded	Embedded
Out of Network Benefits Available		Yes	Yes
Prescription Drug Plan *			
Deductible (Rx Choice)		Medical deductible applies first	Medical deductible applies first
Retail (30 day supply) - Level 1		0%	0%
Retail (30 day supply) - Level 2		10%	10%
Mail Order (90 day supply)		0%	0%
	Census		
Single	4	\$908.50	\$871.50
EE/Sp	5	\$1,988.50	\$1,907.50
EE/Ch	3	\$1,710.50	\$1,641.50
Family	8	\$2,745.50	\$2,634.50
Total	20	\$40,672.00	\$39,024.00

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

The rates and premium shown here are for illustrative purposes only. Final rates are based on the census at the time of enrollment and the risk tier assigned by underwriting. The premium billed will vary based on the current group census at the time of billing.

Plan Selected: _____ Signature: _____ Date: _____



MEMORANDUM

To: P&B Committee
From: Andrew Williams
Date: October 31, 2025
Subject: Staffing

The proposed 2026 Budget includes a new position to backfill staffing needs when other employees are working at HCRUD. A job description for a Plant & Field Operations Technician was created and provided to our compensation consultant. Their study results indicate the position should be classified as a Grade 10. The addition of this employee should be revenue-neutral, as the additional cost will be covered by revenue from HCRUD for the operation of their utility. This position will be included in the 2026 Salary Ordinance, pending approval by the Board.