



TriCo Regional Sewer Utility

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PERSONNEL & BENEFITS COMMITTEE MEETING

Wednesday, November 18, 2020 @ 7:30 A.M.

TriCo WRRF

7236 Mayflower Park Drive

Zionsville, IN

AGENDA

1. Public Comment
2. Safety Update
3. Health Insurance Renewal
4. Cost of Living Adjustment Consideration
5. Other Business

Next Scheduled Meeting: Wednesday, December 23, 2020 @ 7:30 A.M.



MEMORANDUM

To: P&B Committee
From: Loren Prange
Date: 11/16/2020
Subject: Safety Update

No injuries reported this month and we are at 3920 days without a loss time accident.

No safety tailgates are being performed during social distancing. Safety training has continued thru Safety Plus Web online.

Employees are now working together in the new building. This included consolidating our safety equipment. The new office was designed with a nice workstation with lots of cabinet space and charging stations. The extra room helps keep equipment organized and ready to go when needed.

Safety inspection of the plant railings and walkways were completed with only one issue being found. One walkway near the return building had a loose piece of grating that was fixed during inspection.



MEMORANDUM

To: P&B Committee

From: Andrew Williams

Date: November 16, 2020

Subject: Health Insurance

After receiving a 21.7% premium increase from Anthem, we worked with Huntington Insurance to shop the coverage. In addition to the alternative coverage options provided from Anthem, proposals were received from United Health Care and IU Health. The proposals are shown on the attached presentation prepared by Huntington.

In order to keep the premium cost close to the current rate, the deductible paid by the employee will typically increase. In the case of IU Health, they drop any coverage of Non-network services. The current Anthem plan has an Aggregate Deductible of \$1,500 Individual / \$3,000 Family and a maximum out of Pocket of \$3,000 Individual / \$6,000 Family.

The Anthem Option 4 has an aggregate deductible of \$2,000 Individual / \$4,000 Family and a maximum out of Pocket of \$5,000 Individual / \$10,000 Family. There would be a 4.28% increase in premium. This increase works out to be \$17,151, 80% paid by TriCo and 20% by the employees.

The United Health Care CFFD plan has a 4.41% increase with an aggregate deductible of \$2,500 Individual / \$7,500 Family and a maximum out of Pocket of \$5,000 Individual / \$10,000 Family. This would be a big increase in the family deductible. A concern is that the United Health Care plans have no Non-network coverage.

The IU Health plans are decreases in premiums and the deductibles can be kept low, but they exclude non-network coverage. In the past the Board and management has not considered limiting the health insurance coverage to IU Health alone.

The attached table shows the increase to employees based on the different premium increases.

I recommend we remain with Anthem so that out of network is still covered. Options 3 and 4 both have increases in the deductible, but do not put excessive hardship on an employee should they reach this amount.

INCREASE TO EMPLOYEES			
4.28%	Bi-weekly Premium	New Premium	Annual Increase
EE	\$ 65.39	\$ 68.19	\$ 72.77
EE + S	\$ 137.32	\$ 143.20	\$ 152.81
EE + Child	\$ 117.71	\$ 122.74	\$ 130.98
Family	\$ 189.64	\$ 197.75	\$ 211.03
8.66%			
EE	\$ 65.39	\$ 71.05	\$ 147.24
EE + S	\$ 137.32	\$ 149.22	\$ 309.20
EE + Child	\$ 117.71	\$ 127.90	\$ 265.03
Family	\$ 189.64	\$ 206.06	\$ 426.99
21.70%			
EE	\$ 65.39	\$ 79.58	\$ 368.94
EE + S	\$ 137.32	\$ 167.12	\$ 774.78
EE + Child	\$ 117.71	\$ 143.25	\$ 664.09
Family	\$ 189.64	\$ 230.79	\$ 1,069.93

Presentation prepared for:

TriCo Regional Sewer Utility

Renewal: January 1, 2021

Presented by Client Strategy and Benefit Innovation Team:

Guy Vahle
Vice President

Lisa Moore
Account Manager



TriCo Regional Sewer Utility

Employee Benefits Medical
Renewal Date: January 1, 2021



Plan Summary

	Current	Renewal	Alternate Option	Alternate Option
Carrier Network	Anthem Lumenos	Anthem Lumenos	Anthem Lumenos	Anthem Lumenos
Plan Name	Lumenos HSA Op 1, Blue 6	Lumenos HSA Op 6, Blue 6	Lumenos HSA Op 6, Blue 6	Lumenos HSA Op 4, Blue 6
	Network	Network	Network	Network
Single / Family Deductible	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$4,000
Embedded or Aggregate	Aggregate	Aggregate	Aggregate	Aggregate
Coinsurance	20%	20%	20%	20%
Out of Pocket Maximum	\$3,000 / \$6,000	\$5,950 / \$11,900	\$5,950 / \$11,900	\$5,000 / \$10,000
Office Visit - PCP	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Office Visit - Specialist	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Emergency Room Visit	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Urgent Care Visit	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Diagnostic Lab/X-Ray	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Complex Imaging	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Inpatient Hospital	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Outpatient Hospital	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
	Non-Network	Non-Network	Non-Network	Non-Network
Single / Family Deductible	\$3,000/\$6,000	\$6,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000
Coinsurance	40%	40%	40%	40%
Out of Pocket Maximum	\$6,000/ \$12,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000
	Prescription	Prescription	Prescription	Prescription
	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Retail Copays	20%	20%	20%	20%
Mail Order Copays	10%	10%	10%	10%
Specialty	20%	20%	20%	20%

Rate Summary

	Current Rates	Renewal Rates	Alternate Rates	Alternate Rates
Single 3	\$708.41	\$861.93	\$657.47	\$738.76
EE/Spouse 1	\$1,487.67	\$1,810.06	\$1,380.68	\$1,551.39
EE/Children 4	\$1,275.14	\$1,551.48	\$1,183.44	\$1,329.76
Family 12	\$2,054.40	\$2,499.60	\$1,906.66	\$2,142.40
Monthly Premium 20	\$33,366	\$40,597	\$30,967	\$34,796
Annual Premium	\$400,395	\$487,164	\$371,601	\$417,546
Increase		21.67%	-7.19%	4.28%
Annual Premium Difference		\$86,769	-\$28,794	\$17,151

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TriCo Regional Sewer Utility

Employee Benefits Medical

Renewal Date: January 1, 2021



Plan Summary

	Current	Renewal	Alternate Carrier Option	Alternate Carrier Option	Alternate Carrier Option
Carrier Network Plan Name	Anthem Lumenos Lumenos HSA Op 1, Blue 6		United HealthCare Choice CFFD 34203.66	United HealthCare Choice CFEG Rx 369 34935.66	United HealthCare Choice CFEJ Rx 650 35311.29
	Network		Network	Network	Network
Single / Family Deductible	\$1,500 / \$3,000		\$2,500/ \$7,500	\$2,000/ \$4,000	\$1,500/ \$3,000
Embedded or Aggregate	Aggregate				
Coinsurance	20%		30%	20%	20%
Out of Pocket Maximum	\$3,000 / \$6,000		\$5,000/ \$10,000	\$5,500/ \$11,000	\$7,000/ \$14,000
Office Visit - PCP	Deductible, then 20%		DN \$15 IN \$15	\$30	\$30
Office Visit - Specialist	Deductible, then 20%		DN \$40 IN \$80	\$60	\$60
Emergency Room Visit	Deductible, then 20%		\$300, then Ded and 20%	\$300, then Ded and 20%	\$400, then Ded and 20%
Urgent Care Visit	Deductible, then 20%		\$50	\$50	\$50
Diagnostic Lab/X-Ray	Deductible, then 20%		Deductible, then 30%	Deductible, then 20%	Deductible, then 20%
Complex Imaging	Deductible, then 20%		Deductible, then 30%	Deductible, then 20%	Deductible, then 20%
Inpatient Hospital	Deductible, then 20%		Deductible, then 30%	Deductible, then 20%	Deductible, then 20%
Outpatient Hospital	Deductible, then 20%		Deductible, then 30%	Deductible, then 20%	Deductible, then 20%
	Non-Network		Non-Network	Non-Network	Non-Network
Single / Family Deductible	\$3,000/\$6,000		N/A	N/A	N/A
Coinsurance	40%		N/A	N/A	N/A
Out of Pocket Maximum	\$6,000/ \$12,000		N/A	N/A	N/A
	Prescription		Prescription	Prescription	Prescription
	Medical Deductible, then				
Retail Copays	20%		\$10/\$40/\$125/\$300	Pref: \$5/\$50/\$150/\$300 \$10/\$100/\$300/\$600	Pref: \$5/\$30/\$125/\$285 \$10/\$60/\$250/\$570
Mail Order Copays	10%		\$25/ \$100/\$312.50/\$750	\$12.5/\$125/\$375/\$750	\$12.5/\$75/\$312.5/\$712.5
Specialty	20%		See above 4th tier	See above 4th tier	See above 4th tier

Rate Summary

	Current Rates	Renewal Rates	Alternate Rates	Alternate Rates	Alternate Rates
Single 3	\$708.41	\$861.93	\$747.62	\$763.62	\$771.83
EE/Spouse 1	\$1,487.67	\$1,810.06	\$1,495.24	\$1,527.24	\$1,543.66
EE/Children 4	\$1,275.14	\$1,551.48	\$1,383.10	\$1,412.70	\$1,427.89
Family 12	\$2,054.40	\$2,499.60	\$2,130.72	\$2,176.32	\$2,199.72
Monthly Premium 20	\$33,366	\$40,597	\$34,839.14	\$35,584.74	\$35,967.35
Annual Premium	\$400,395	\$487,164	\$418,069.68	\$427,016.88	\$431,608.20
Increase		21.67%	4.41%	6.65%	7.80%
Annual Premium Difference		\$86,769	\$17,675	\$26,622	\$31,213

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TriCo Regional Sewer Utility

Employee Benefits Medical

Renewal Date: January 1, 2021



Plan Summary

	Current	Renewal	Alternate Carrier Option	Alternate Carrier Option	Alternate Carrier Option
Carrier Network	Anthem Lumenos		IU Health IU Health	IU Health IU Health	IU Health IU Health
Plan Name	Lumenos HSA Op 1, Blue 6		Option 7 Gold HSA 1500 Select (2021)	Option 9 Gold 1500 Select (2021)	Option 11 Silver HSA 2000 Select (2021)
	Network		Network	Network	Network
Single / Family Deductible	\$1,500 / \$3,000		\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Embedded or Aggregate	Aggregate		Non-Embedded	Embedded	Non-Embedded
Coinsurance	20%		20%	20%	30%
Out of Pocket Maximum	\$3,000 / \$6,000		\$3,100 / \$6,200	\$5,250 / \$10,500	\$6,550 / \$13,100
Office Visit - PCP	Deductible, then 20%		Deductible, then 20%	\$30	Deductible, then 30%
Office Visit - Specialist	Deductible, then 20%		Deductible, then 20%	\$60	Deductible, then 30%
Emergency Room Visit	Deductible, then 20%		Deductible, then 20%	\$300, then Deductible	Deductible, then 30%
Urgent Care Visit	Deductible, then 20%		Deductible, then 20%	\$60	Deductible, then 30%
Diagnostic Lab/X-Ray	Deductible, then 20%		Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Complex Imaging	Deductible, then 20%		Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Inpatient Hospital	Deductible, then 20%		Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
Outpatient Hospital	Deductible, then 20%		Deductible, then 20%	Deductible, then 20%	Deductible, then 30%
	Non-Network		Non-Network	Non-Network	Non-Network
Single / Family Deductible	\$3,000/\$6,000		N/A	N/A	N/A
Coinsurance	40%		N/A	N/A	N/A
Out of Pocket Maximum	\$6,000/ \$12,000		N/A	N/A	N/A
	Prescription		Prescription	Prescription	Prescription
	Medical Deductible, then		Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Retail Copays	20%		\$5/\$15/ 20%/ 35%	\$5/\$15/\$35/\$70	30%
Mail Order Copays	10%		\$12.50/ \$37.50/ 20%/ 35%	\$12.50/\$37.50/\$87.50/\$175	30%
Specialty	20%		35% after Ded, max \$350	35% after Ded, Max \$350	35% after Ded, max \$350

Rate Summary

	Current Rates	Renewal Rates	Alternate Rates	Alternate Rates	Alternate Rates
Single 3	\$708.41	\$861.93	\$572.03	\$580.72	\$506.93
EE/Spouse 1	\$1,487.67	\$1,810.06	\$1,144.06	\$1,161.44	\$1,013.65
EE/Children 4	\$1,275.14	\$1,551.48	\$1,058.25	\$1,074.33	\$937.82
Family 12	\$2,054.40	\$2,499.60	\$1,630.28	\$1,655.05	\$1,444.75
Monthly Premium 20	\$33,366	\$40,597	\$26,656.51	\$27,061.52	\$23,622.72
Annual Premium	\$400,395	\$487,164	\$319,878.12	\$324,738.24	\$283,472.64
Increase		21.67%	-20.11%	-18.90%	-29.20%
Annual Premium Difference		\$86,769	-\$80,517	-\$75,657	-\$116,922

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TriCo Regional Sewer Utility

Employee Benefits Dental

Renewal Date: January 1, 2021



Plan Summary

		Current Plan	
		Mutual of Omaha	
		Network	Non-Network
Carrier			
Single / Family Deductible		\$50/\$150	
Preventive Services		100%	100%
Basic Services		90%	80%
Major Services		60%	50%
Annual Maximum		\$1,500	
UCR Percentile		fee schedule	90th percentile
Endodontics		Basic	
Periodontics		Basic	
Waiting Period		Late Entrant Provision	
Orthodontia		Dependent Children	
Orthodontia Lifetime Maximum		\$1,000	
Waiting Period		Late Entrant Provision	
Contributions		Employer Paid	
Participation		100%	
Rate Guarantee		until 12.31.21	

Rate Summary

		Current Rates
Single	3	\$26.45
EE/Spouse	1	\$60.24
EE/Children	4	\$79.73
Family	14	\$112.96
Monthly Premium		\$2,040
Annual Premium		\$24,479

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TriCo Regional Sewer Utility

Employee Benefits Vision

Renewal Date: January 1, 2021



Plan Summary

		Current Plan		Alternate Plan		Alternate Plan	
Carrier Network Plan Name		Anthem Blue View Vision Blue View Vision 55		VSP Choice Plan Plan C Copay: \$20/\$20		EyeMed EyeMed \$20/\$20	
		Network	Non-Network	Network	Non-Network	Network	Non-Network
Copays:	Examination	\$20		\$20		\$20	
	Materials	\$20		\$20		\$20	
Frequency:	Examination	12 months		12 months		12 months	
	Lenses	12 months		12 months		12 months	
	Frames	24 months		24 months		24 months	
	Contact Lenses	12 months		12 months		12 months	
After Copay:	Examination	CIF	up to \$42	CIF	up to \$45	CIF	up to \$40
	Single Vision Lenses	CIF	up to \$40	CIF	up to \$30	CIF	up to \$30
	Bifocal Lenses	CIF	up to \$60	CIF	up to \$50	CIF	up to \$50
	Trifocal Lenses	CIF	up to \$80	CIF	up to \$65	CIF	up to \$65
	Frames	\$130	up to \$45	\$130	up to \$70	\$130	up to \$91
	Contacts, Medically Necessary	CIF	up to \$210	CIF	up to \$210	CIF	up to \$210
	Contacts, Elective	\$130	up to \$80	\$130	up to \$105	\$130	up to \$91
	Rate Guarantee	Until 12.31.21		Until 12.31.21		Until 12.31.24	

Rate Summary

		Current Rates	Alternate Rates	Alternate Rates
Single	2	\$3.25	\$7.74	\$5.03
EE/Spouse	1	\$5.69	\$13.03	\$9.56
EE/Children	2	\$6.18	\$13.30	\$10.06
Family	14	\$9.43	\$21.45	\$14.79
Monthly Premium		\$157	\$355	\$247
Annual Premium		\$1,879	\$4,265	\$2,962

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TriCo Regional Sewer Utility

Employee Benefits Group Life

Renewal Date: January 1, 2021



Plan Summary

	Current Plan
Carrier	Mutual of Omaha
Employee Benefit Amount	\$50,000
Reductions: Age 65	35%
Age 70	additional 15%
Conversion Privilege	Yes
Waiver of Premium	Yes
Accelerated Death Benefit	Yes
Contributions	100% Employer Paid
Participation	All Employees
Rate Guarantee	Until 12.31.21

Rate Summary

	Current
Life / \$1,000	\$0.100
AD&D / \$1,000	\$0.020
Volume	\$1,150,000
Covered Lives	23
Monthly Premium	\$138
Annual Premium	\$1,656

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TriCo Regional Sewer Utility

Employee Benefits Voluntary Life

Renewal Date: January 1, 2021



Plan Summary

		Current Plan	
		Mutual of Omaha	
Carrier		Employee	Spouse
Benefit Amount		Increments of \$10,000	Increments of \$5,000
Maximum Benefit		\$300,000	\$100,000
Guarantee Issue		\$50,000	\$25,000
Spouse Rate Based on Age of		Spouse	
<i>Rate / \$1,000:</i>	<i>Under Age 25</i>	\$0.103	\$0.103
	<i>25 - 29</i>	\$0.103	\$0.103
	<i>30 - 34</i>	\$0.113	\$0.113
	<i>35 - 39</i>	\$0.133	\$0.133
	<i>40 - 44</i>	\$0.203	\$0.203
	<i>45 - 49</i>	\$0.353	\$0.353
	<i>50 - 54</i>	\$0.583	\$0.583
	<i>55 - 59</i>	\$0.903	\$0.903
	<i>60 - 64</i>	\$1.413	\$1.413
	<i>65 - 69</i>	\$1.983	\$1.983
	<i>70 - 74</i>	\$2.073	Coverage terminates at age 70
	<i>75 - 79</i>	\$2.073	
	<i>80 - 84</i>	\$2.073	
	<i>85 - 89</i>	\$2.073	
	<i>90 +</i>	\$2.073	
	<i>AD&D</i>	\$0.037	\$0.037
Child Benefit		\$10,000	
Maximum		\$10,000	
Rate		\$2.00	
Guarantee Issue		\$10,000	
Contributions		Voluntary	
Participation		43% of Eligible Employees	
Rate Guarantee		Until 12.31.21	

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Plan Summary

		Current Plan
Carrier		Mutual of Omaha
STD Weekly Benefit Amount		66.67%
Maximum Benefit		\$1,000
Benefits Commence:	Accident	1st day
	Sickness	8th day
	Duration	26 Weeks
Contributions		Employer Paid
Participation		All Employees
Rate Guarantee		Until 12.31.21

Rate Summary

		Current Rates
STD / \$10		\$0.300
Volume		\$16,373
Covered Lives		23
Monthly Premium		\$491
Annual Premium		\$5,894

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Plan Summary

Carrier		Current Plan
		Mutual of Omaha
LTD Monthly Benefit Amount		66.67%
Maximum Benefit		\$5,000
Elimination Period		180 days
Own Occupation		2 years
Benefit Duration		SSNRA
Pre-Existing Condition		3/12
Survivor Benefits		Yes
Mental & Nervous Limitation		Yes
Drug & Alcohol Limitation		Yes
W-2 Preparation / FICA Payment		Included
Contributions		Employer Paid
Participation		All Employees
Rate Guarantee		Until 12.31.21

Rate Summary

	Current
LTD / \$100	\$0.420
Volume	\$110,681.00
Covered Lives	23
Monthly Premium	\$465
Annual Premium	\$5,578

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Compensation Disclosure

In serving its clients, Huntington Insurance may act as an agent, a broker, a consultant, or any combination of these roles. Producers are licensed independent agents authorized by any number of insurance companies to solicit business on their behalf. Independent agents who represent more than one company can better assist our clients in finding the combination of coverage, price and service that meets our client's needs. A Huntington independent agent may receive a commission for placing your policy with an insurance company. Huntington Insurance may also be eligible for additional compensation, based upon the volume or profitability of business placed with certain insurers, and may also receive fees for administrative, consulting, advertising or marketing purposes. This additional compensation is not shared with the Producer nor considered when recommending carriers. For a more specific description of Huntington Insurance's compensation practices, please contact your Huntington Insurance representative.

Actively at Work

Many medical and group life insurance policies require an individual to be actively at work on the day their benefits become effective. As a result, all employees may not immediately be covered by some group policies. In addition, information about ineligible individuals may need to be submitted prior to coverage later becoming effective. Please refer to each policy for specific terms and conditions.

Given these potential limitations and restrictions to coverage, Huntington Insurance highly recommends Employers clearly communicate the specific terms of their selected coverages to their employees prior to the change in policies. It is the Employer that is ultimately responsible for continuity in coverage issues which may arise for members not actively at work. Huntington Insurance is available to help crafting these messages and also answer any questions employees may have.

Compensation Disclosure

Huntington Insurance, Inc. (“Huntington”) is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to Huntington, based on the insurance contract Huntington sells. Depending on the insurer and insurance contract you select, compensation will be paid by the insurer selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract and the insurer you select. In some cases, other factors such as the volume of business Huntington provides to an insurer or the profitability of insurance contracts Huntington provides to an insurer also may affect compensation.

You may obtain information about compensation expected to be received by Huntington based in whole or in part on the sale of insurance to you, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to you by Huntington, by requesting such information from Huntington.

Alternative Options

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Current Medical Plan 1	Estimated Total Cost	Plan Options							
		Calendar Year Annual Deductible	Annual Out-of-Pocket Maximum	Office Visits	InPatient Hospital	ER/ Urgent Care Center	Pharmacy Drug	Preventive Care Immunizations & Screenings	FMHP Benefits*
Lumenos Health Savings Accounts Option 1, Blue 6	\$40,596.97	\$1,500/\$3,000	\$3,000/\$6,000	20% Coinsurance	20%	20% 20%	20%	No Cost Share	Yes
Plan Alternatives									
Lumenos Health Savings Accounts Option 2 with Rx Option 5, Blue 6	\$40,486.79	\$2,000/\$4,000	\$3,000/\$6,000	0% Coinsurance	0%	0% 0%	\$10/\$30/\$60/25% \$200 max	No Cost Share	Yes
Lumenos Health Savings Accounts Option 3 with Rx Option 5, Blue 6	\$36,256.28	\$2,500/\$5,000	\$3,500/\$7,000	0% Coinsurance	0%	0% 0%	\$10/\$30/\$60/25% \$200 max	No Cost Share	Yes
Lumenos Health Savings Accounts Option 4, Blue 6	\$34,795.51	\$2,000/\$4,000	\$5,000/\$10,000	20% Coinsurance	20%	20% 20%	20%	No Cost Share	Yes
Lumenos Health Savings Accounts Option 5 with Rx Option 5, Blue 6	\$34,286.55	\$3,000/\$6,000	\$4,000/\$8,000	0% Coinsurance	0%	0% 0%	\$10/\$30/\$60/25% \$200 max	No Cost Share	Yes
Lumenos Health Savings Accounts Option 6, Blue 6	\$30,966.77	\$3,000/\$6,000	\$5,950/\$11,900	20% Coinsurance	20%	20% 20%	20%	No Cost Share	Yes

Rates are proposed for an effective date of 01/01/2021. Rerate is required after this date. Final rates will be based on the actual effective date. Rates are based upon SIC #4953, located primarily in the 46280 zip code area. Final rates will be based upon the actual location, enrolled census, final benefits selected, and the underwriting rules in effect upon acceptance by Anthem Insurance Companies, Inc. and Anthem Life. This renewal is subject to underwriting approval by Anthem Insurance Companies, Inc. and Anthem Life; please do not cancel your coverage until the application has been approved in writing. 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 description, the terms of the Group Contract will prevail.

NOTE: If the alternate Option request form is not received by the effective date listed on this proposal, a new proposal must be submitted.

*FMHP is Federal Mental Health Parity.

Next Steps

Company Name:
Group #:

Trico Reg Sewer Utility
00244772-0000

Your Agent: Rankin, Daniel L.
Effective Date: 01-01-2021

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Lumenos Health Savings Accounts Option 1, Blue 6
Indicate Option Choice	KEEP - No Action needed
Estimated Total Cost	\$40,596.97
Estimated Employee Cost	\$2,585.79
Estimated Employee and Spouse Cost	\$1,810.06
Estimated Employee and Child Cost	\$6,205.92
Estimated Family Cost	\$29,995.20
Additional Coverage	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
Total w/Additional Coverage	\$40,596.97

Enhance your Coverage	
	Life & Disability
Indicate Option Choice	Add <input type="checkbox"/>
Estimated Total Cost	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee Cost	
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit anthem.com/easyrenew to compare additional plan options.

Plan Alternatives for Lumenos Health Savings Accounts Option 1, Blue 6					
	Lumenos Health Savings Accounts Option 2 with Rx Option 5, Blue 6	Lumenos Health Savings Accounts Option 3 with Rx Option 5, Blue 6	Lumenos Health Savings Accounts Option 4, Blue 6	Lumenos Health Savings Accounts Option 5 with Rx Option 5, Blue 6	Lumenos Health Savings Accounts Option 6, Blue 6
Indicate Option Choice	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
Estimated Total Cost	\$40,486.79	\$36,256.28	\$34,795.51	\$34,286.55	\$30,966.77
Estimated Employee Cost	\$2,578.77	\$2,309.31	\$2,216.28	\$2,183.85	\$1,972.41
Estimated Employee and Spouse Cost	\$1,805.14	\$1,616.53	\$1,551.39	\$1,528.70	\$1,380.68
Estimated Employee and Child Cost	\$6,189.04	\$5,542.36	\$5,319.04	\$5,241.28	\$4,733.76
Estimated Family Cost	\$29,913.84	\$26,788.08	\$25,708.80	\$25,332.72	\$22,879.92
% of Health Savings	0.3%	12.0%	16.7%	18.4%	31.1%

Authorization for ANY Plan Change

Employer Statement of Understanding. Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: _____

Requested Effective Date: _____ Signature: _____

Today's Date: _____ Printed Name: _____

COMPLETE, SIGN, and Email to sg.client.maintenance@anthem.com.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at www.find-sbc.com.

The benefits and rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. If not yet approved by the Department of Insurance, these benefits and rates might need to be adjusted.

Reminder: as your monthly bill will adjust when this renewal goes into effect, please be sure to pay your monthly statement as billed to ensure your account remains in good status.





MEMORANDUM

To: P&B Committee

From: Andrew Williams

Date: November 16, 2020

Subject: Cost of Living Adjustment

As discussed previously with the Committee, this coming year will be the third year that TriCo will be using the Step System. The attached table shows the positions and where each employee falls in their range as of 2020. Per the Performance Management and Compensation Policy, an annual adjustment to the step system may be made at the Board's discretion. Last year when discussing the adjustment, the P&B Committee determined that they did not want to tie it to one specific data point.

The CPI last year was 1.5% and the Committee felt that there should be something also given for the Utility's performance. The Committee settled on 1.5% for COLA and 1.5% for performance.

The Bureau of Labor Statistics numbers show that over the last 12 months, the CPI-U is 1.2%. See the attached BLS News Release for more details.

The Committee will need to make a recommendation to the Board so that it will be included in the 2021 Budget.



**Transmission of material in this release is embargoed until
 8:30 a.m. (ET) November 12, 2020**

USDL-20-2089

Technical information: (202) 691-7000 • cpi_info@bls.gov • www.bls.gov/cpi
 Media Contact: (202) 691-5902 • PressOffice@bls.gov

CONSUMER PRICE INDEX – OCTOBER 2020

The Consumer Price Index for All Urban Consumers (CPI-U) was unchanged in October on a seasonally adjusted basis after rising 0.2 percent in September, the U.S. Bureau of Labor Statistics reported today. Over the last 12 months, the all items index increased 1.2 percent before seasonal adjustment.

Component indexes were mixed, with many offsetting increases and decreases. The food index rose 0.2 percent, with the food away from home index increasing by 0.3 percent and a smaller 0.1-percent rise in the food at home index. The energy index rose 0.1 percent in October as the index for electricity increased 1.2 percent.

The index for all items less food and energy was unchanged in October following an increase of 0.2 percent in September. The index for shelter increased 0.1 percent in October, which was offset by a 0.4-percent decrease in the index for medical care. The indexes for airline fares, recreation, and new vehicles were among those to rise, while the indexes for motor vehicle insurance, apparel, and household furnishings and operations declined.

The all items index rose 1.2 percent for the 12 months ending October, a slightly smaller increase than the 1.4-percent rise for the 12-month period ending September. The index for all items less food and energy rose 1.6 percent over the last 12 months after rising 1.7 percent in September. The food index increased 3.9 percent over the last 12 months, while the energy index declined 9.2 percent.

Chart 1. One-month percent change in CPI for All Urban Consumers (CPI-U), seasonally adjusted, Oct. 2019 - Oct. 2020
 Percent change

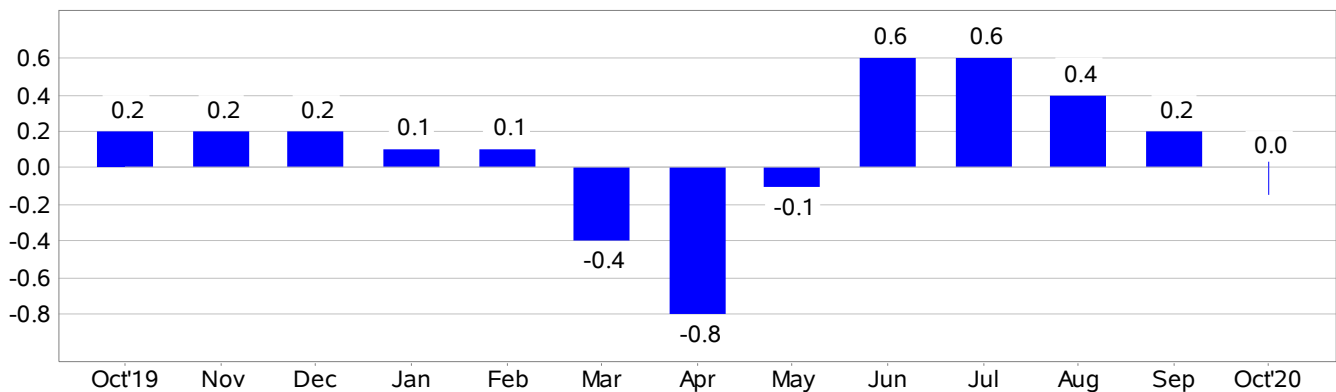


Chart 2. 12-month percent change in CPI for All Urban Consumers (CPI-U), not seasonally adjusted, Oct. 2019 - Oct. 2020
Percent change

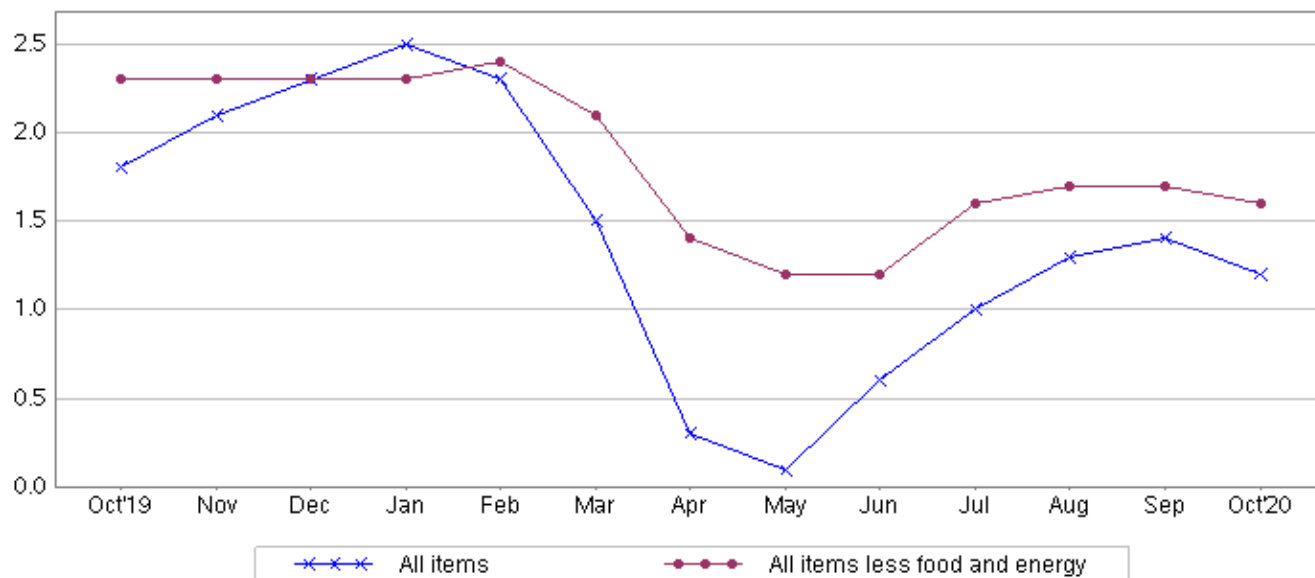


Table A. Percent changes in CPI for All Urban Consumers (CPI-U): U.S. city average

	Seasonally adjusted changes from preceding month							Un-adjusted 12-mos. ended Oct. 2020
	Apr. 2020	May 2020	Jun. 2020	Jul. 2020	Aug. 2020	Sep. 2020	Oct. 2020	
All items.....	-0.8	-0.1	0.6	0.6	0.4	0.2	0.0	1.2
Food.....	1.5	0.7	0.6	-0.4	0.1	0.0	0.2	3.9
Food at home.....	2.6	1.0	0.7	-1.1	-0.1	-0.4	0.1	4.0
Food away from home ¹	0.1	0.4	0.5	0.5	0.3	0.6	0.3	3.9
Energy.....	-10.1	-1.8	5.1	2.5	0.9	0.8	0.1	-9.2
Energy commodities.....	-20.0	-3.5	11.7	5.3	2.0	-0.1	-0.5	-18.1
Gasoline (all types).....	-20.6	-3.5	12.3	5.6	2.0	0.1	-0.5	-18.0
Fuel oil.....	-15.6	-6.3	10.2	4.3	3.9	-5.3	-0.3	-28.2
Energy services.....	0.1	-0.5	-0.2	0.0	-0.2	1.6	0.8	1.4
Electricity.....	0.1	-0.8	-0.3	0.3	-0.2	0.9	1.2	1.3
Utility (piped) gas service.....	0.2	0.8	0.0	-1.0	-0.2	4.2	-0.7	1.8
All items less food and energy.....	-0.4	-0.1	0.2	0.6	0.4	0.2	0.0	1.6
Commodities less food and energy commodities.....	-0.7	-0.2	0.2	0.7	1.0	0.8	-0.2	1.2
New vehicles.....	0.0	0.3	0.0	0.8	0.0	0.3	0.4	1.5
Used cars and trucks.....	-0.4	-0.4	-1.2	2.3	5.4	6.7	-0.1	11.5
Apparel.....	-4.7	-2.3	1.7	1.1	0.6	-0.5	-1.2	-5.5
Medical care commodities.....	-0.1	0.1	0.2	0.0	-0.1	0.0	-0.8	-0.8
Services less energy services.....	-0.4	0.0	0.3	0.6	0.2	0.0	0.1	1.7
Shelter.....	0.0	0.2	0.1	0.2	0.1	0.1	0.1	2.0
Transportation services.....	-4.7	-3.6	2.1	3.6	0.0	-0.9	0.1	-5.1
Medical care services.....	0.5	0.6	0.5	0.5	0.1	0.0	-0.3	3.7

¹ Not seasonally adjusted.