



TriCo Regional Sewer Utility

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PERSONNEL & BENEFITS COMMITTEE MEETING

Monday, November 22, 2021 @ 7:30 A.M.

7236 Mayflower Park Drive, Zionsville, IN 46077

AGENDA

1. Public Comment
2. Safety Update
3. Insurance Renewal

Next Scheduled Meeting: Wednesday, December 22, 2021 @ 7:30 A.M.



MEMORANDUM

To: P&B Committee
From: Loren Prange
Date: 11/19/2021
Subject: Safety Update

No injuries reported this month, and we are at 299 days without a loss time accident.

We had 11 attendees for the safety tailgate held on October 29th. The topic was "Facing up to Stress" and "Climb onto ladder safety".

The monthly inspections of the fire extinguishers and emergency lights were completed.

We had CPR and AED training on November 2. We split our staff into two groups and alternate the years to be trained. CPR certification is good for two years.

Loren attended the monthly IWEA safety committee meeting. Discussions involved voting on new committee officers and working on new ideas for the 2022 Operators Challenge that will be held in Brownsburg on May 17th.



MEMORANDUM

To: P&B Committee

From: Andrew Williams

Date: November 17, 2021

Subject: Health Insurance

Having the large increase last year and concerned the same would happen again, we have been working with Huntington Insurance to look for alternative approaches and to shop the coverage. At a prior P&B Committee meeting we reviewed possible alternatives for partial self-funding of the coverage. We also requested quotes from other carriers and have thankfully received a competitive quote from Anthem IPEP (Indiana Public Employer's Plan). The following is a summary of the quotes:

Anthem Legacy Renewal: 23.21% - rate relief was submitted
 Anthem ACA: 0.83 % over current (with higher deductibles)
 Anthem IPEP: 12.17% decrease for comparable coverage
 United Healthcare ACA: 5.73% over current (with higher deductibles)
 CIGNA: Declined to Quote
 All Savers: Declined to Quote

I believe the Anthem ACA plan and the Anthem Indiana Public Employer's Plan are the two viable options.

Carrier	Anthem	Anthem ACA	Anthem IPEP
Plan Name	Lumenos HSA Opt 3	PPO 69XN	BAHSA E2
Single / Family Deductible	\$2,500 / \$5,000	\$2,800 / \$5,600	\$3,000 / \$6,000
Coinsurance	100% / 0%	100% / 0%	100% / 0%
Out of Pocket Maximum	\$3,500 / \$7,000	\$3,800 / \$7,600	\$3,000/\$6,000
	Non-Network	Non-Network	Non-Network
Single / Family Deductible	\$5,000/\$10,000	\$8,400/\$16,800	\$6,000/\$12,000
Coinsurance	30%	50%	30%
Out of Pocket Maximum ¹	\$10,000 / \$20,000	\$11,400/\$22,800	\$6,000/\$12,000
Prescription Drugs:	After Deductible	After Deductible	After Deductible
Retail Copays	\$10 / \$30 / \$60 / 25% \$200 max	\$15 / \$60 / \$100 / \$400	Level 1 0% Level 2 10%
Mail Order Copays	\$10 / \$75 / \$180 / 25% \$200 max	\$38 / \$180 / \$300 / \$400	0%

The attached summary tables provide more details. I recommend we switch to the Anthem IPEP Blue Access PPO BAHSA E2. While the deductibles do increase, the Max out of Pocket is decreased. There will be a premium savings as well.

	Monthly Premium	
	Current Rates	IPEP Rates
Single	\$ 769.77	\$ 652.50
EE/Spouse	\$ 1,616.53	\$ 1,425.50
EE/Children	\$ 1,385.59	\$ 1,225.50
Family	\$ 2,232.31	\$ 1,966.50

	Employee Monthly Premium		
	Current	IPEP	Annual Saving
Single	\$ 153.95	\$ 130.50	\$ 281.45
EE/Spouse	\$ 323.31	\$ 285.10	\$ 458.47
EE/Children	\$ 277.12	\$ 245.10	\$ 384.22
Family	\$ 446.46	\$ 393.30	\$ 637.94

In the past when we looked at the Indiana Public Employer's Plan the rates were higher than our rates. But with the increase last year and the proposed increase this year, I believe now is the time to get into this much larger pool. This will also alleviate the need to try and implement a partial self-insured plan.

TriCo Regional Sewer Utility

Employee Benefits Medical

Renewal Date: January 1, 2022



Plan Summary

	Current	Renewal	IPEP Option
Carrier	Anthem	Anthem	Anthem
Network	Lumenos	Lumenos	Blus Access PPO
Plan Name	Lumenos HSA Op 3 Rx 5	Lumenos HSA Op 3 Rx 5	BAHSA E2
	Network		Network
Single / Family Deductible	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Embedded or Aggregate	Aggregate	Aggregate	Aggregate
Coinsurance	0%	0%	0%
Out of Pocket Maximum	\$3,500 / \$7,000	\$3,500 / \$7,000	\$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	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinsurance	30%	30%	30%
Out of Pocket Maximum	\$10,000 / \$20,000	\$10,000 / \$20,000	\$6,000 / \$12,000
	Prescription		Prescription
Retail Copays	Medical Deductible, then \$10/\$30/\$60/25% up to \$200	Medical Deductible, then \$10/\$30/\$60/25% up to \$200	Medical Deductible, then Level 1 0%/Level 2 10%
Mail Order Copays	\$10/\$75/\$180/25% up to \$200	\$10/\$75/\$180/25% up to \$200	0%

Rate Summary

	Current Rates	Renewal Rates	Rates
Single 4	\$769.77	\$948.42	\$652.50
EE/Spouse 2	\$1,616.53	\$1,991.69	\$1,425.50
EE/Children 2	\$1,385.59	\$1,707.16	\$1,225.50
Family 11	\$2,232.31	\$2,750.43	\$1,966.50
Monthly Premium 19	\$33,639	\$41,446	\$29,544
Annual Premium	\$403,665	\$497,353	\$354,522
Increase		23.21%	-12.17%
Annual Premium Difference		\$93,689	-\$49,143

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 Option ACA	Plan Differences
Carrier	Anthem	Anthem	Anthem ACA	Anthem ACA
Network	Lumenos	Lumenos	Blue Access	Blue Access
Plan Name	Lumenos HSA Op 3 Rx 5	Lumenos HSA Op 3 Rx 5	PPO \$2800E/0%/\$3800 w/ HSA 69XN	PPO \$2800E/0%/\$3800 w/ HSA 69XN
	Network	Network	Network	Network
Single / Family Deductible	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,800/ \$5,600	\$300/\$600
Embedded or Aggregate	Aggregate	Aggregate	Embedded	
Coinsurance	0%	0%	0%	
Out of Pocket Maximum	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,800/ \$7,600	\$300/\$600
Office Visit - PCP	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Office Visit - Specialist	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Emergency Room Visit	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Urgent Care Visit	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Diagnostic Lab/X-Ray	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Complex Imaging	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Inpatient Hospital	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
Outpatient Hospital	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	No change
	Non-Network	Non-Network	Non-Network	Non-Network
Single / Family Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$8,400/\$16,800	\$3,400/\$6,800
Coinsurance	30%	30%	50%	20%
Out of Pocket Maximum	\$10,000/ \$20,000	\$10,000/ \$20,000	\$11,400/ \$22,800	\$1,400/ \$2,800
	Prescription	Prescription	Prescription	Prescription
	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Retail Copays	\$10/\$30/\$60/25% up to \$200	\$10/\$30/\$60/25% up to \$200	Preferred Network: \$15/\$60/\$100/\$400 In Network : \$25/\$70/\$110/\$500	Preferred: CVS, Kroger, Walmart, Meijer, Target In: Walgreens, RiteAid
Mail Order Copays	\$10/\$75/\$180/25% up to \$200	\$10/\$75/\$180/25% up to \$200	\$38/\$180/\$300/\$400	\$18/\$105/\$120/\$200

Rate Summary

	Current Rates	Renewal Rates	ACA Alternate Rates	Premium Difference
Single 4	\$769.77	\$948.42	\$788.19	\$18.42
EE/Spouse 2	\$1,616.53	\$1,991.69	\$1,578.38	-\$38.15
EE/Children 2	\$1,385.59	\$1,707.16	\$1,458.15	\$72.56
Family 11	\$2,232.31	\$2,750.43	\$2,246.34	\$14.03
Monthly Premium 19	\$33,639	\$41,446	\$33,936	
Annual Premium	\$403,685	\$497,353	\$407,227	
Increase		23.21%	0.88%	
Annual Premium Difference		\$93,689	\$3,562	

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Embedded Deductible / Embedded (ACA plan option) — Each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company.

Non-Embedded Deductible / Aggregate (Your current plan) — There is no individual deductible. So the overall family deductible must be reached, either by an individual or by the family, in order for the insurance company to pay for services.