



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 BAHS A 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
Coinsurance	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
Coinsurance	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%	\$10/460/\$125/\$400
Retail Copays Level 2	10%	10%	10%	\$25/\$180/\$375
Mail Order Copays	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.

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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 Coinsurance	Embedded 0%	Embedded 0%	Embedded 20%	Embedded 20%	Embedded 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
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
	Medical Deductible, then		Medical Deductible, then	Medical Deductible, then	Medical Deductible, then
Retail Copays	0%		20%	10%	30%
Mail Order Copays	10%		20%	10%	30%
Specialty	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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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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