RECORD OF PROCEEDINGS CLEARCREEK TOWNSHIP TRUSTEES

Minutes of Special Meeting August 21, 2023

The Clearcreek Township Trustees met in Special session at 4:00 p.m. with the following members present: Mr. Gabbard, and Mr. Wade.

Mr. Wade opened the meeting and led in the Pledge of Allegiance.

Mr. Wade opened discussion on the recommendation of the Insurance Committee to select renewal health, dental, vision and life insurance lines of coverage. Mr. Gabbard and Mr. Wade asked Mr. Clark, Township Administrator, questions about the options being considered and the costs associated with the renewal. A discussion concerning the dental portion of the proposal resulted in the Board directing to keep Anthem as the provider of dental coverage. The Board decided to endorse the remaining recommendations of the Insurance Committee to select Alternative Option 2 with Anthem providing dental coverage. A copy of the presentation to the Board is attached to these minutes. Mr. Wade asked for a motion to approve the amended Insurance Committee recommendation. Mr. Gabbard so moved with Mr. Wade seconding the motion. Upon roll call the vote was as follows: Mr. Gabbard-yea; and Mr. Wade-yea.

Mr. Agenbroad, Fire Chief, asked the Board to make a conditional offer of probationary, fulltime employment to Doug Laile (lateral transfer) at Step 3, \$26.03 per hour, effective September 16, 2023, pending acceptable post-offer, pre-employment background and testing. Mr. Wade asked for a motion to approve the appointment. Mr. Gabbard so moved with Mr. Wade seconding the motion. Upon roll call the vote was as follows: Mr. Gabbard-yea; and Mr. Wade-yea.

Mr. Gabbard asked Mr. Clark to schedule time after the next regular meeting to discuss a zoning issue.

At 4:24 p.m., Mr. Wade asked for a motion to adjourn the meeting. Mr. Gabbard so moved with Mr. Wade seconding the motion. Upon roll call, the vote was as follows: Mr. Gabbard-yea; and Mr. Wade-yea,

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CLEARCREEK TOWNSHIP 2023 HEALTH INSURANCE RENEWAL OPTIONS

					Insuran							-			-	TWP Costs		
Anthem>Current	Medical % change from	Total Medical Premium Billed to Township	Total Annual Deductible	ER Deductible Subsidy	EE Deductible Responsibility	EE Contribution/PP to HSA to Maximize IRS Limit 2023		EE % of Premium	Total REQUIRED Spend For Plan Year - EE	Total REQUIRED Spend Mo./ EE	Total REQUIRED Spend PP/ EE	Total POTENTIAL Spend per Year - EE	Total EE Share of Premium + Max OOP + Max HSA Contribution - EE	ER Premium/Mo.	Deductible Subsidy/Mo.	EE by Election	Monthly Cost	Annual Cost
	current																	
Current = \$3,000/\$6,000 ded; \$4,000/\$8,000 Max OOP			1			\$3,850/\$7,750												
Employee Only		\$571.03	\$3,000.00	\$2,100.00	\$900.00	\$67.31	\$4,000.00	15.00%	\$1,027.85	\$85.65	\$39.53	\$2,927.85	\$4,677.85	\$485.38	\$175.00	11	\$7,264.13	\$87,169.57
Employee + Spouse	-	\$1,255.12 \$963.90	\$6,000.00	\$4,200.00	\$1,800.00	\$136.54 \$136.54	\$8,000.00	15.00% 15.00%	\$2,259.22	\$188.27 \$144.59	\$86.89	\$6,059.22	\$9,609.22	\$1066.85 \$819.32	\$350.00 \$350.00	13	\$18,419.08	\$221,028.91
Employee + Child(ren) Family		\$1,762.77	\$6,000.00	\$4,200.00	\$1,800.00	\$136.54	\$8,000.00	15.00%	\$3,172.99	\$264.42	\$122.04	\$6,972.99		\$1498.35	\$350.00	54	\$16,370.41 \$99,811.14	\$196,444.92 \$1,197,733.72
						Parameter (Postification	V											
					Insuran	T	·				_	-		TWP Costs				
Anthem>Revised Renewal	Medical	Total Medical	Total Annual	ER	EE Deductible	EE	Control of the Contro	EE % of	Total	Total	Total	Total	Total EE Share of	ER	Deductible	EE by	Monthly Cost	Annual Cost
	-k	Premium	Deductible	Deductible	Responsibility	Contribution/PP to	out of Pocket	Premium	REQUIRED	REQUIRED	REQUIRED	POTENTIAL	Premium + Max	Premium/Mo.	Subsidy/Mo.	Election	1	l .
Deductible stay the same	change	Billed to		Subsidy		HSA to Maximize IRS Limit 2024			Spend For Plan Year - EE	Spend Mo./ EE	Spend PP/ EE	Spend per Year - EE	OOP + Max HSA Contribution - EE		l .	1		l
	from	Township				IKS LIMIT 2024			Plan Tear - CC	EC.	"	Year - EE	Contribution - EE			1		
	current																	
RENEWAL = \$3,000/\$6,000 ded; \$4,000/\$8,000 Max OOP						\$4,150/\$8,300												
Employee Only	9.50%	\$625.28	\$3,000.00	\$2,100.00	\$900.00	\$78.85	\$4,000.00	15.00%	\$1,125.50	\$93.79	\$43.29	\$3,025.50	\$5,075.50	\$531.49	\$175.00	13	\$9,184.34	\$110,212.13
Employee + Spouse	9.50%	\$1,374.37	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69 \$157.69	\$8,000.00	15.00% 15.00%	\$2,473.87 \$1,899.85	\$206.16 \$158.32	\$95.15 \$73.07	\$6,273.87 \$5,699.85	\$10,373.87 \$9,799.85	\$1168.21 \$897.15	\$350.00	13	\$19,736.79	\$236,841.46
Employee + Child(ren) Family	9.50%	\$1055.47 \$1,930.24	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$8,000.00	15.00%	\$1,899.85	\$158.32	\$133.63		\$11,374.43	\$1640.70	\$350.00	55	\$16,212.94 \$109,488.72	\$194,555.32 \$1,313,864.64
i diniy	3.30%	02,530:24	\$6,000.05	J. 1,200.00	144,000.00	0237103	\$4,000.00	15,0070	193,17 1113	Q1.03/3 T	V155/65	V / L / 11 / U	(L L L L L L L L L L L L L L L L L L L	910-10.70	9550.00	33	0103,400.72	71,313,004.04
					Insuran	ce Cost									3/A	TWP Costs		
Anthem>Alternate Option 1	Medical	Total Medical	Total Annual	ER	EE Deductible	EE	Annual Max	EE % of	Total	Total	Total	Total	Total EE Share of	ER	Deductible	EE by	Monthly Cost	Annual Cost
Anthem/Alternate Option 1	%	Premium	Deductible	Deductible	Responsibility	Contribution/PP to	out of Pocket	Premium	REQUIRED	REQUIRED	REQUIRED	POTENTIAL	Premium + Max	Premium/Mo.	Subsidy/Mo.	Election		
Deductible \$4,000/\$8,000	change	Billed to		Subsidy		HSA to Maximize	1		Spend For	Spend Mo./	Spend PP/	Spend per	OOP + Max HSA	1				
	from	Township				IRS Limit	1		Plan Year - EE	EE	EE	Year - EE	Contribution - EE	1				1
OOP \$5,000/\$10,000	current																	
RENEWAL = \$4,000/\$8,000 ded; \$5,000/\$10,000 Max OOP						\$4,150/\$8,300									T			
Employee Only	0.14%	\$571.80	\$4,000.00	\$2,800.00	\$1,200.00	\$51.92	\$5,000.00	15.00%	\$1,029.24	\$85.77	\$39.59	\$3,229.24	\$4,579.24	\$486.03	\$233.33	13	\$9,351.72	\$112,220.68
Employee + Spouse	0.14%	\$1,256.82	\$8,000.00	\$5,600.00	\$2,400.00	\$103.85	\$10,000.00	15.00%	\$2,262.28	\$188.52	\$87.01	\$6,662.28	\$9,362.28	\$1068.30	\$466.67	13	\$19,954.53	\$239,454.33
Employee + Child(ren)	0.14%	\$965.20	\$8,000.00	\$5,600.00 \$5,600.00	\$2,400.00	\$103.85 \$103.85	\$10,000.00	15.00% 15.00%	\$1,737.36 \$3,177.27	\$144.78 \$264.77	\$66.82 \$122.20	\$6,137.36 \$7,577.27		\$820.42 \$1500.38	\$466.67 \$466.67	13 55	\$16,732.13 \$108,187.43	\$200,785.52 \$1,298,249.15
Family	0.14/0	31,703.13	38,000.00	33,000.00	32,400.00	\$103.63	310,000.00	13.00%	33,177.27	3204.77	\$122.20	\$1,311.21	\$10,211.21	\$1300.38	3400.07	33	\$106,167.43	\$1,290,249.15
					Insuran	ce Cost			*			5				TWP Costs		
Anthem>Alternate Option 2	Medical	Total Medical	Total Annual	ER	EE Deductible	EE	Annual Max	EE % of	Total	Total	Total	Total	Total EE Share of	ER	Deductible	EE by	Monthly Cost	Annual Cost
Anthem>Aitemate Option 2	%	Premium	Deductible	Deductible	Responsibility	Contribution/PP to	out of Pocket	Premium	REQUIRED	REQUIRED	REQUIRED	POTENTIAL	Premium + Max	Premium/Mo.	Subsidy/Mo.	Election		
Deductible \$3,500/\$7,000	change	Billed to		Subsidy		HSA to Maximize			Spend For	Spend Mo./	Spend PP/	Spend per	OOP + Max HSA					la contraction
	from	Township				IRS Limit			Plan Year - EE	EE	EE	Year - EE	Contribution - EE		1			
OOP \$4,500/\$9,000	current																	
RENEWAL = \$3,500/\$7,000 ded; \$4,500/\$9,000 Max OOP						\$4,150/\$8,300												
Employee Only	4.58%	\$597.19	\$3,500.00	\$2,450.00	\$1,050.00	\$65.38	\$4,500.00	15.00%		\$89.58	\$41.34	\$3,124.94	\$4,824.94	\$507.61	\$204.17	13	\$9,253.12	\$111,037.39
Employee + Spouse	4.58%	\$1,312.62	\$7,000.00	\$4,900.00	\$2,100.00	\$130.77	\$9,000.00	15.00%	\$2,362.72	\$196.89	\$90.87	\$6,462.72	\$9,862.72	\$1115.73	\$408.33	13	\$19,812.78	\$237,753.41
Employee + Child(ren)	4.58%	\$1008.06	\$7,000.00	\$4,900.00	\$2,100.00	\$130.77 \$130.77	\$9,000.00	15.00% 15.00%		\$151.21 \$276.53	\$69.79 \$127.63	\$5,914.51 \$7,418.35	\$9,314.51 \$10,818.35	\$856.85 \$1567.00	\$408.33	13	\$16,447.40	\$197,368.76
Family	4.36%	\$1,843.53	\$7,000.00	\$4,900.00	\$2,100.00	13130.77	\$9,000.00	13.00%	\$3,310.33	\$270.33	\$127.03	\$7,410.33	\$10,010.33	\$1307.00	\$408.33	55	\$108,643.36	\$1,303,720.33
					Insuran	ce Cost										TWP Costs		
Madical Mutual	Medical	Total Medical	Total Annual	ER	EE Deductible	EE	Annual Max	EE % of	Total	Total	Total	Total	Total EE Share of	ER	Deductible	EE by	Monthly Cost	Annual Cost
Medical Mutual>	%	Premium	Deductible	Deductible	Responsibility	Contribution/PP to	out of Pocket		REQUIRED	REQUIRED	REQUIRED	POTENTIAL	Premium + Max		Subsidy/Mo.	Election	,	
Alternate Option 3	change	Billed to		Subsidy		HSA to Maximize			Spend For	Spend Mo./	Spend PP/	Spend per	OOP + Max HSA					
Aitemate Option 3	from	Township				IRS Limit			Plan Year - EE	EE	EE	Year - EE	Contribution - EE				1	
Deductible \$3,000/\$6,000	current																	
OOP \$4,000/\$8,000																		
RENEWAL = \$3,000/\$6,000 ded; \$15,000/\$30,000 Max OOP						\$4,150/\$8,300												
mployee Only	5.48%	\$613.91	\$3,000.00	\$2,100.00	\$900.00	\$78.85	\$4,500.00	15.00%	\$1,105.04	\$92.09	\$42.50	\$3,505.04	\$5,555.04	\$521.82	\$175.00	13	\$9,058.71	\$108,704.47
Employee + Spouse		\$1,344.60	\$6,000.00		\$1,800.00		\$9,000.00	15.00%				-			\$350.00			\$232,893.96
Employee + Child(ren)	5.48%	\$1101.04	\$6,000.00		\$1,800.00	\$157.69	\$9,000.00	15.00%				\$6,781.87			\$350.00	13	\$16,716.49	\$200,597.90
		\$1,831.73													\$350.00			\$1,258,600.53
Family	5.48%	151.831.73	ISD.UUU_UU	154.200.00	\$1,800.00	\$157.69	\$9,000.00	15.00%	155.297.11	\$274.76	\$126.81	\$8,097.11	\$12,197.11	\$1556.97	13350.00	55	5104.884.38	



HORAN Health, Wealth, Life.		Anth	<u>hem</u>	1	Anthem	Am	eritas 😂	The D	tental Care	Δ οιυ	EN DEHITAL	United Healthcare		
Dental		INCUMBENT			RENEWAL		QUOTE		NUOTE		JOTE	QUOTE		
S. C. Salar Volgonia Control		PPG -	Dental		PPO - Dental	PPC	- Dental	PPO	- Dental	PPO	Dental	PPO - Dental		
FINANCIAL					********		No. N. (1)		TAILURE TO THE PARTY OF THE PAR			-		
Annual Premium		\$90,398			\$105,765 .0% \$15,367		857748 1 - \$6,650	589,703		\$94,241		\$102,364		
Difference from Current			17	12	12		-0.8% j -\$695 24		4.3% \$3,843 24		13.2% \$11,966 24			
Rate Guarantee	EE	13	\$28,47	EE 13	\$33.31	EE 13	\$26.40	EE 13	\$29.75	EE 13	\$29,15	EE 13	\$29.84	
	EE+SP	13	\$53.80	EE+SP 13	\$62,95	EE+SP 13	\$49.84	EE+SP 13	\$59.51	EE+SP 13	\$56.15	EE+SP 13	\$59,68	
	EE+CH	10	\$68,84	EE+CH 10	\$80.54	EE+CH 10	\$63,88	EE+CH 10	\$66.95	EE+CH 10	\$78,89	EE+CH 10	\$80.56	
	FAM	56	\$103,13	FAM 56	\$120.66	FAM 56	\$95.52	FAM 56	\$100.81	FAM 56	\$106.35	FAM 56	\$117.16	
Employer Contribution		85	5%		85%		85%		B5%	9	5%	9	5%	
NETWORK														
Network		PPO		PPO		PPO		PPO		Delta Dental Network		UHC Network		
Usual & Customary (UCR)		90	0th	90th		90th		90th		Fee Schedule		90th		
ANNUAL DEDUCTIBLE							Maria Company							
Deductible Walved for Type I		Yes		Yes		Yes		No		Yes		Yes		
		letwork	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible - Individual		\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$50	\$50	
Annual Deductible - Family		\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$150	\$150	
MAXIMUM			61 500	Ć1 F00	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	£4 500	£1.500	A4 500	41.500	
Annual Maximum	5.	1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
AGNOSTIC & PREVENTIVE SERVICES		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Oral Exams			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Full Mouth X-rays		100%	100%	100%	10078	100%	100/0	100%	100/4	100%	100%	100%	100%	
RESTORATIVE SERVICES		85%	85%	85%	85%	85%	85%	85%	85%	80%	80%	90%	80%	
Periodontics (Surgical)														
algam (Silver) and Composite (White) Fillings	1	85%	85%	85%	85%	85%	85%	85%	85%	80%	80%	90%	80%	
Implants included		No	No	No	No	Yes	No	Yes	No	No	No	No	No	
SURGICAL SERVICES		NO.												
		85%	85%	85%	85%	85%	85%	85%	85%	80%	80%	90%	80%	
- Baltimonional State Control			50%	50%	50%	85%	85%	50%	50%	50%	50%	60%	50%	
Endodontics		50%												
Endodontics Oral Surgery (Complex Extractions)		50%							the second secon					
Endodontics Oral Surgery (Complex Extractions) ORTHODONTIA SERVICES			d only		Child only	Ch	ild only	Chil	ld only	Chile	d only	Chile	ionly	
Endodontics Oral Surgery (Complex Extractions) ORTHODONTIA SERVICES Orthodontia Eligibility				50%	Child only	50%	ild only 50%	Chll 50%	ld only 50%	Child 50%	d only 50%	Child 50%	i only 50%	
Endodontics Oral Surgery (Complex Extractions) ORTHODONTIA SERVICES	1)	Child	d only				10. 1 - A 1 - 10 - 10 - 10 - 10 - 10 - 10 -				TO THE REAL PROPERTY.			