Compensation & Benefits Committee Agenda
May 3, 2023 at 4:30 PM

Compensation & Benefits Committee
Ben Hunt, Chair
Keely Paul
Rich Bardach

Staff Liason
Scot Lahrmer, Village Manager
Kathy Harcourt, Finance Administrator
Jenny West, Tax Administrator

MINUTES

1. Approval of minutes: March 6, 2023

TOPICS OF DISCUSSION

1. Employee Health Care Plan Renewal: Emily Lehn, Horan Benefit Consultant

ADJOURNMENT

Compensation and Benefits Committee Minutes

March 6, 2023

Attendees: Ben Hunt (Committee Chair), Richard Bardach (Committee Member), Keely Paul (Committee Member), Scot Lahrmer, Village Zoning Administrator Chris Fritsch, Tom Muething, Kathy Harcourt, Sgt. Brandon Gehring,

The meeting was called to order at 6:00 p.m. The minutes from the meeting of November 7, 2022 were approved.

Mr. Lahrmer presented information about employee compensation for 2023. He shared a comparison to other communities ranging from 2009 until 2022 as a way to compare wage increases in other local communities. Mr. Lahrmer applauded the employees for continuing to go above and beyond in their jobs. Mr. Lahrmer recommended a 3.5% raise. The committee heard from Sgt. Gehring on behalf of Village employees and their request for a 4% raise when considering the continued stress of inflation on employees.

After discussion, Ms. Paul moved to recommend to Council the approval of an employee wage increase of 3.75% to their salary. This was seconded by Mr. Bardach and approved by the committee.

There being no further business, the meeting was adjourned.

Ben Hunt

Village of Amberley

Medical Proposal - Financial Summary

August 1, 2023 Renewal

Plan Costs

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Current Enrollment		
Single	3	7
EE + Spouse	1	3
EE + Child(ren)	4	10
Family	0	5
Current Rates		
Single	$696.59	$663.39
EE + Spouse	$1,450.21	$1,381.09
EE + Child(ren)	$1,298.30	$1,236.42
Family	$2,115.01	$2,014.19
Renewal Rates		
Single	$748.83	$713.14
EE + Spouse	$1,558.98	$1,484.67
EE + Child(ren)	$1,395.67	$1,329.15
Family	$2,273.64	$2,165.25
Costs by Plan		
Current Annual Cost	$104,798	$374,666
Renewal Annual Cost	$112,658	$402,766
Dollar Increase	$7,860	$28,100
Percent Increase	7.50%	7.50%

Total Cost	
Current Annual Cost	$479,464
Renewal Annual Cost	$515,424
Dollar Increase	**$35,960**
Percent Increase	**7.50%**

Notes:

1. Current Enrollment based on reporting through February 2023
2. HSA contributions are not included in above costs.

Village of Amberley

Medical Proposal - Plan Benefits Summary

August 1, 2023 Renewal

Current Plan Benefits

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Benefit Summary		
Plan Type	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded
Deductible	$2,000/$4,000	$2,000/$4,000
Coinsurance	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800
Inpatient Hospital	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 80/20
Preventive Services	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 80/20
Urgent Care	Ded. 100/0	Ded. 80/20
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60

Renewal Plan Benefits

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Benefit Summary		
Plan Type	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded
Deductible	$2,000/$4,000	$2,000/$4,000
Coinsurance	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800
Inpatient Hospital	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 80/20
Preventive Services	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 80/20
Urgent Care	Ded. 100/0	Ded. 80/20
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60

Notes:

Village of Amberley

Monthly Contributions (based on Wellness Rates)

August 1, 2023 Renewal

Current Contributions						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	3	$696.59	$132.67	19%	$563.92	81%
EE + Spouse	1	$1,450.21	$276.28	19%	$1,173.93	81%
EE + Child(ren)	4	$1,298.30	$247.34	19%	$1,050.96	81%
Family	0	$2,115.01	$402.95	19%	$1,712.06	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	$663.39	$99.51	15%	$563.88	85%
EE + Spouse	3	$1,381.09	$207.17	15%	$1,173.92	85%
EE + Child(ren)	10	$1,236.42	$185.47	15%	$1,050.95	85%
Family	5	$2,014.19	$302.13	15%	$1,712.06	85%

Renewal Contribution Scenario #1 - Maintain Current % Split						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	3	$748.83	$142.62	19%	$606.21	81%
EE + Spouse	1	$1,558.98	$297.00	19%	$1,261.97	81%
EE + Child(ren)	4	$1,395.67	$265.89	19%	$1,129.78	81%
Family	0	$2,273.64	$433.17	19%	$1,840.46	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	$713.14	$106.97	15%	$606.17	85%
EE + Spouse	3	$1,484.67	$222.71	15%	$1,261.96	85%
EE + Child(ren)	10	$1,329.15	$199.38	15%	$1,129.77	85%
Family	5	$2,165.25	$324.79	15%	$1,840.46	85%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$479,464	$76,165	$403,299
Renewal	$515,424	$81,877	$433,546
Dollar Increase	**$35,960**	**$5,712**	**$30,247**

Renewal Contribution Scenario #2 - Maintain Current Employer $ Contribution						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	3	$748.83	$184.91	25%	$563.92	75%
EE + Spouse	1	$1,558.98	$385.05	25%	$1,173.93	75%
EE + Child(ren)	4	$1,395.67	$344.71	25%	$1,050.96	75%
Family	0	$2,273.64	$561.58	25%	$1,712.06	75%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	$713.14	$149.26	21%	$563.88	79%
EE + Spouse	3	$1,484.67	$310.75	21%	$1,173.92	79%
EE + Child(ren)	10	$1,329.15	$278.20	21%	$1,050.95	79%
Family	5	$2,165.25	$453.19	21%	$1,712.06	79%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$479,464	$76,165	$403,299
Renewal	$515,424	$112,125	$403,299
Dollar Increase	**$35,960**	**$35,960**	**$0**

**Cost breakdown assumes all employees are Wellness compliant*

***Costs do not include HSA/HRA contributions*

CLGBP Plans

August 1, 2023 Renewal

% Increase	7.50%

CURRENT BENEFITS	Platinum A HSA (NE)	Platinum A HRA (NE)	Platinum A HSA (E)	Platinum A HRA (E)	Platinum B HSA	Platinum B HRA	Platinum C HSA	Gold A HSA	Gold A HRA	Tanzanite B	Proposed Option 1	Proposed Option 2
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded
Deductible	$2,000/$4,000	$2,000/$4,000	$2,800/$4,000	$2,800/$4,000	$2,000/$4,000	$2,000/$4,000	$5,000/$10,000	$2,500/$5,000	$2,500/$5,000	$2,000/$4,000	$3,500/$7,000	$4,000/$8,000
Coinsurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20	100/0	100/0
MOOP	$3,400/$6,800	$3,400/$6,800	$2,800/$4,000	$2,800/$4,000	$3,400/$6,800	$3,400/$6,800	$5,000/$10,000	$3,400/$6,800	$3,400/$6,800	$3,000/$6,000	$4,500/$9,000	$5,000/$10,000
Inpatient Hospital	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 100/0
Outpatient Surgery	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 100/0
PCP/Specialist	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$30/$50 copay	Ded. 100/0	Ded. 100/0
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$200 copay	Ded. 100/0	Ded. 100/0
Urgent Care	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$50 copay	Ded. 100/0	Ded. 100/0
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$40/$80	Ded. $10/$30/$60	Ded. $10/$30/$60
CURRENT RATES												
Wellness												
EE	$696.59	$696.59	$685.72	$685.72	$663.39	$663.39	$519.03	$637.01	$637.01	$709.70		
EE+SP	$1,450.21	$1,450.21	$1,516.10	$1,516.10	$1,381.09	$1,381.09	$1,080.58	$1,326.15	$1,326.15	$1,477.51		
EE+CH	$1,298.30	$1,298.30	$1,357.28	$1,357.28	$1,236.42	$1,236.42	$967.38	$1,187.23	$1,187.23	$1,322.74		
FAM	$2,115.01	$2,115.01	$2,211.09	$2,211.09	$2,014.19	$2,014.19	$1,575.93	$1,934.06	$1,934.06	$2,154.82		
NON-Wellness												
EE	$746.59	$746.59	$735.72	$735.72	$713.39	$713.39	$569.03	$687.01	$687.01	$759.70		
EE+SP (1 compliant)	$1,500.21	$1,500.21	$1,566.10	$1,566.10	$1,431.09	$1,431.09	$1,130.58	$1,376.15	$1,376.15	$1,527.51		
EE+SP (neither compliant)	$1,550.21	$1,550.21	$1,616.10	$1,616.10	$1,481.09	$1,481.09	$1,180.58	$1,426.15	$1,426.15	$1,577.51		
EE+CH	$1,348.30	$1,348.30	$1,407.28	$1,407.28	$1,286.42	$1,286.42	$1,017.38	$1,237.23	$1,237.23	$1,372.74		
FAM (1 compliant)	$2,165.01	$2,165.01	$2,261.09	$2,261.09	$2,064.19	$2,064.19	$1,625.93	$1,984.06	$1,984.06	$2,204.82		
FAM (neither compliant)	$2,215.01	$2,215.01	$2,311.09	$2,311.09	$2,114.19	$2,114.19	$1,675.93	$2,034.06	$2,034.06	$2,254.82		
CURRENT ENROLLMENT (Total CLGBP)	174	49	124	1	25	9	86	251	1	16	Not Currently Offered by CLGBP	Not Currently Offered by CLGBP

RENEWAL BENEFITS	Platinum A HSA (NE)	Platinum A HRA (NE)	Platinum A HSA (E)	Platinum A HRA (E)	Platinum B HSA	Platinum B HRA	Platinum C HSA	Gold A HSA	Gold A HRA	Tanzanite B	Proposed Option 1	Proposed Option 2
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded
Deductible	$2,000/$4,000	$2,000/$4,000	$3,000/$6,000	$3,000/$6,000	$2,000/$4,000	$2,000/$4,000	$5,000/$10,000	$2,500/$5,000	$2,500/$5,000	$2,000/$4,000	$3,500/$7,000	$4,000/$8,000
Coinsurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20	100/0	100/0
MOOP	$3,400/$6,800	$3,400/$6,800	$3,000/$6,000	$3,000/$6,000	$3,400/$6,800	$3,400/$6,800	$5,000/$10,000	$3,400/$6,800	$3,400/$6,800	$3,000/$6,000	$4,500/$9,000	$5,000/$10,000
Inpatient Hospital	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 100/0
Outpatient Surgery	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 100/0	Ded. 100/0
PCP/Specialist	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$30/$50 copay	Ded. 100/0	Ded. 100/0
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$200 copay	Ded. 100/0	Ded. 100/0
Urgent Care	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$50 copay	Ded. 100/0	Ded. 100/0
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$40/$80	Ded. $10/$30/$60	Ded. $10/$30/$60
RENEWAL RATES												
Wellness												
EE	$748.83	$748.83	$729.32	$729.32	$713.14	$713.14	$557.96	$684.79	$684.79	$762.93	$648.80	$633.37
EE+SP	$1,558.98	$1,558.98	$1,612.51	$1,612.51	$1,484.67	$1,484.67	$1,161.62	$1,425.61	$1,425.61	$1,588.32	$1,350.69	$1,318.58
EE+CH	$1,395.67	$1,395.67	$1,443.59	$1,443.59	$1,329.15	$1,329.15	$1,039.93	$1,276.27	$1,276.27	$1,421.95	$1,209.20	$1,180.45
FAM	$2,273.64	$2,273.64	$2,351.69	$2,351.69	$2,165.25	$2,165.25	$1,694.12	$2,079.11	$2,079.11	$2,316.43	$1,969.85	$1,923.02
NON-Wellness												
EE	$798.83	$798.83	$779.32	$779.32	$763.14	$763.14	$607.96	$734.79	$734.79	$812.93	$698.80	$683.37
EE+SP (1 compliant)	$1,608.98	$1,608.98	$1,662.51	$1,662.51	$1,534.67	$1,534.67	$1,211.62	$1,475.61	$1,475.61	$1,638.32	$1,400.69	$1,368.58
EE+SP (neither compliant)	$1,658.98	$1,658.98	$1,712.51	$1,712.51	$1,584.67	$1,584.67	$1,261.62	$1,525.61	$1,525.61	$1,688.32	$1,450.69	$1,418.58
EE+CH	$1,445.67	$1,445.67	$1,493.59	$1,493.59	$1,379.15	$1,379.15	$1,089.93	$1,326.27	$1,326.27	$1,471.95	$1,259.20	$1,230.45
FAM (1 compliant)	$2,323.64	$2,323.64	$2,401.69	$2,401.69	$2,215.25	$2,215.25	$1,744.12	$2,129.11	$2,129.11	$2,366.43	$2,019.85	$1,973.02
FAM (neither compliant)	$2,373.64	$2,373.64	$2,451.69	$2,451.69	$2,265.25	$2,265.25	$1,794.12	$2,179.11	$2,179.11	$2,416.43	$2,069.85	$2,023.02