Compensation & Benefits Committee Agenda
May 20, 2024 at 4:00 PM

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

Staff Liaison
Scot Lahrmer, Village Manager
Kathy Harcourt, Finance Administrator
Debbie Eldridge, Finance Administrator

MINUTES

1. Approval of minutes: February 21, 2024

TOPICS OF DISCUSSION

1. Employee Health Care Plan Renewal:
   HUB/Horan Benefit Consultants
   Emily Lehn, Senior Benefits Consultant
   Jack Spohn, Client Specialist

ADJOURNMENT

Compensation and Benefits Committee Minutes

February 21, 2024

Attendees: Ben Hunt (Committee Chair), Richard Bardach (Committee Member), Keely Paul (Committee Member), Scot Lahrmer, Rich Wallace, Bob Rosen, Dara Wood, Carrie Minton, JD Drake, Mark Roeseler, Nick Mercer, Brandon Gehring, Christo Wallace.

The meeting was called to order at 6:15 PM. The minutes from the meeting of May 3 were approved.

The committee heard from the Village Manager regarding employee compensation. His presentation included comparisons to eight local communities as well as information about the history of the Amberley earnings tax. It is of note that the staff does a great job watching their costs and help provide the level of service that they do, while remaining tight on budgets.

Officer Nick Mercer then presented for the employees, who requested the following considerations for this year:

1. A 5% raise
2. The inclusion of Juneteenth as a holiday for Village employees.
3. A dollar in shift differential pay for night shift police officers.
4. An increase in the number of minimum hours from 2 to 3 for maintenance employees who are called into for extra duties. This would be in line with Police officers.
5. An increase to the base fire pay of $300.

After discussion, the committee agreed with Chief Wallace's suggestion to add the shift differential pay as long as a minimum number of hours were worked, and that the payment would come as a lump sum.

The committee agreed with Chief Wallace to increase the base fire pay.

The Village Manager explained that the request about call ins for maintenance employees can be handled by his office.

The committee agreed that further research needs to occur regarding the Juneteenth holiday. Officer Mercer and Chief Wallace agreed they would return with more information to the next meeting.

After discussions among those present, committee member Bardach made a motion to raise employee pay by 4.5% for the upcoming year. Committee member Paul seconded the motion and all voted in favor of bringing this to council.

There being no further business, the meeting was adjourned.

Ben Hunt

Village of Amberley

Medical Proposal - Financial Summary

August 1, 2024 Renewal

Plan Costs

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Current Enrollment		
Single	6	7
EE + Spouse	1	2
EE + Child(ren)	4	9
Family	0	6
Current 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
Renewal Rates		
Single	$805.00	$766.63
EE + Spouse	$1,675.90	$1,596.02
EE + Child(ren)	$1,500.35	$1,428.84
Family	$2,444.16	$2,327.65
Costs by Plan		
Current Annual Cost	$139,616	$394,983
Renewal Annual Cost	$150,087	$424,607
Dollar Increase	$10,471	$29,624
Percent Increase	7.50%	7.50%

Total Cost	
Current Annual Cost	$534,599
Renewal Annual Cost	$574,694
Dollar Increase	**$40,095**
Percent Increase	**7.50%**

Notes:

1. Current Enrollment based on reporting through February 2024
2. HSA contributions are not included in above costs.

Village of Amberley

Medical Proposal - Plan Benefits Summary

August 1, 2024 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, 2024 Renewal

Current Contributions						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	6	$748.83	$142.62	19%	$606.21	81%
EE + Spouse	1	$1,558.98	$297.00	19%	$1,261.98	81%
EE + Child(ren)	4	$1,395.67	$265.89	19%	$1,129.78	81%
Family	0	$2,273.64	$433.17	19%	$1,840.47	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	2	$1,484.67	$222.71	15%	$1,261.96	85%
EE + Child(ren)	9	$1,329.15	$199.38	15%	$1,129.77	85%
Family	6	$2,165.25	$324.79	15%	$1,840.46	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	6	$805.00	$153.32	19%	$651.68	81%
EE + Spouse	1	$1,675.90	$319.28	19%	$1,356.62	81%
EE + Child(ren)	4	$1,500.35	$285.83	19%	$1,214.52	81%
Family	0	$2,444.16	$465.66	19%	$1,978.50	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	$766.63	$114.99	15%	$651.64	85%
EE + Spouse	2	$1,596.02	$239.41	15%	$1,356.61	85%
EE + Child(ren)	9	$1,428.84	$214.33	15%	$1,214.50	85%
Family	6	$2,327.65	$349.15	15%	$1,978.50	85%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$534,599	$85,844	$448,755
Renewal	$574,694	$92,282	$482,412
Dollar Increase	**$40,095**	**$6,438**	**$33,657**

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	6	$805.00	$198.78	25%	$606.21	75%
EE + Spouse	1	$1,675.90	$413.92	25%	$1,261.98	75%
EE + Child(ren)	4	$1,500.35	$370.57	25%	$1,129.78	75%
Family	0	$2,444.16	$603.69	25%	$1,840.47	75%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	$766.63	$160.46	21%	$606.17	79%
EE + Spouse	2	$1,596.02	$334.06	21%	$1,261.96	79%
EE + Child(ren)	9	$1,428.84	$299.07	21%	$1,129.77	79%
Family	6	$2,327.65	$487.18	21%	$1,840.46	79%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$534,599	$85,844	$448,755
Renewal	$574,694	$125,939	$448,755
Dollar Increase	**$40,095**	**$40,095**	**$0**

**Cost breakdown assumes all employees are Wellness compliant*

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

CLGBP Plans

August 1, 2024 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	Sapphire Plan	Emerald Plan
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
CURRENT 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
CURRENT ENROLLMENT (Total CLGBP)	**300**	**43**	**20**	**0**	**24**	**7**	**100**	**269**	**10**	**11**	**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	Sapphire Plan	Emerald Plan
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	$3,200/$6,400	$3,200/$6,400	$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	$3,200/$6,400	$3,200/$6,400	$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	$805.00	$805.00	$775.91	$775.91	$766.63	$766.63	$599.80	$736.14	$736.14	$820.15	$697.46	$680.88
EE+SP	$1,675.90	$1,675.90	$1,715.50	$1,715.50	$1,596.02	$1,596.02	$1,248.75	$1,532.53	$1,532.53	$1,707.45	$1,451.99	$1,417.47
EE+CH	$1,500.35	$1,500.35	$1,535.79	$1,535.79	$1,428.84	$1,428.84	$1,117.93	$1,371.99	$1,371.99	$1,528.59	$1,299.89	$1,268.99
FAM	$2,444.16	$2,444.16	$2,501.89	$2,501.89	$2,327.65	$2,327.65	$1,821.18	$2,235.05	$2,235.05	$2,490.16	$2,117.59	$2,067.25
NON-Wellness												
EE	$855.00	$855.00	$825.91	$825.91	$816.63	$816.63	$649.80	$786.14	$786.14	$870.15	$747.46	$730.88
EE+SP (1 compliant)	$1,725.90	$1,725.90	$1,765.50	$1,765.50	$1,646.02	$1,646.02	$1,298.75	$1,582.53	$1,582.53	$1,757.45	$1,501.99	$1,467.47
EE+SP (neither compliant)	$1,775.90	$1,775.90	$1,815.50	$1,815.50	$1,696.02	$1,696.02	$1,348.75	$1,632.53	$1,632.53	$1,807.45	$1,551.99	$1,517.47
EE+CH	$1,550.35	$1,550.35	$1,585.79	$1,585.79	$1,478.84	$1,478.84	$1,167.93	$1,421.99	$1,421.99	$1,578.59	$1,349.89	$1,318.99
FAM (1 compliant)	$2,494.16	$2,494.16	$2,551.89	$2,551.89	$2,377.65	$2,377.65	$1,871.18	$2,285.05	$2,285.05	$2,540.16	$2,167.59	$2,117.25
FAM (neither compliant)	$2,544.16	$2,544.16	$2,601.89	$2,601.89	$2,427.65	$2,427.65	$1,921.18	$2,335.05	$2,335.05	$2,590.16	$2,217.59	$2,167.25