



Compensation & Benefits Committee Agenda

June 2, 2026 at 5:00 PM

Compensation & Benefits Committee

Ben Hunt, Chair
Keely Paul
Rich Bardach

Staff Liaison

Scot Lahrmer, Village Manager
Debbie Eldridge, Finance
Administrator

MINUTES

1. Approval of minutes: March 3, 2026

TOPICS OF DISCUSSION

1. Employee Health Care Plan Renewal: HUB/Horan Benefit Consultants
Caroline Clift, Director, Benefit Consulting

ADJOURNMENT

Compensation and Benefits Committee Minutes

March 3, 2026

Attendees: Ben Hunt (Committee Chair), Rich Bardach (Committee member), Scot Lahrmer (Village Manager), Debbie Eldridge (Finance Administrator)

The meeting was called to order at 5:00 PM. The minutes from the October 16, 2025 meeting were approved.

Mr. Lahrmer presented updates regarding employee compensation. His presentation included a history of the Amberley Village earnings tax and a comparison of municipal wage increases in neighboring communities. The earnings tax performed well in 2025, increasing by 2.92%; however, it was noted that earnings tax revenue can be less predictable than other sources. Committee members expressed appreciation for the continued dedication of Village employees and recognized the many ways staff serve the community, often while fulfilling multiple responsibilities.

Mr. Lahrmer then reviewed the updated process used to develop the recommendations. Village employees formed a committee that presented its findings and recommendations to the Village Manager and Chief Wallace. That report was then shared with the committee for review.

While a range of topics were discussed, the committee recommends the following actions:

- A 2.75% increase to employee wages
- A \$500 increase in fire pay
- Increasing the comp time bank to 72 hours
- Updating policy so that maintenance employees receive time-and-a-half pay if they work on any Village holiday

The committee also agreed that additional discussion is needed regarding the sick leave policy, as well as potential updates to vacation policies for new hires and sick leave payout provisions. The committee also heard concerns about the workload within the administration and the potential need for an additional administrative position, which the Manager will continue to evaluate.

Mr. Bardach suggested exploring the addition of a merit pay system that would allow the Manager and Chief to exercise discretion in recognizing and incentivizing strong employee performance. The Manager will investigate this possibility.

The committee recommends forwarding these items to Council. The motion was made by Mr. Bardach and seconded by Mr. Hunt. All were in favor.

There being no further business, the meeting was adjourned.

Amberley Village

Medical Proposal - Financial Summary

August 1, 2026 Renewal

Plan Costs

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Current Enrollment		
Single	7	7
EE + Spouse	3	1
EE + Child(ren)	2	10
Family	1	7
Current Rates		
Single	\$849.27	\$808.79
EE + Spouse	\$1,768.07	\$1,683.80
EE + Child(ren)	\$1,582.87	\$1,507.42
Family	\$2,578.59	\$2,455.67
Renewal Rates		
Single	\$849.00	\$809.00
EE + Spouse	\$1,768.00	\$1,684.00
EE + Child(ren)	\$1,583.00	\$1,507.00
Family	\$2,579.00	\$2,456.00
Costs by Plan		
Current Annual Cost	\$203,921	\$475,311
Renewal Annual Cost	\$203,904	\$475,308
Dollar Increase	-\$17	-\$3
Percent Increase	-0.01%	0.00%
Total Cost		
Current Annual Cost	\$679,233	
Renewal Annual Cost	\$679,212	
Dollar Increase	-\$21	
Percent Increase	0.00%	

Notes:

1. Current Enrollment based on reporting through March 2025
2. HSA contributions are not included in above costs.

Amberley Village

Medical Proposal - Plan Benefits Summary

August 1, 2026 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

Amberley Village
Monthly Contributions (based on Wellness Rates)
 August 1, 2026 Renewal



Current Contributions						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	\$849.27	\$161.75	19.0%	\$687.52	81.0%
EE + Spouse	3	\$1,768.07	\$336.84	19.1%	\$1,431.23	80.9%
EE + Child(ren)	2	\$1,582.87	\$301.55	19.1%	\$1,281.32	80.9%
Family	1	\$2,578.59	\$491.27	19.1%	\$2,087.32	80.9%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	\$808.79	\$121.31	15.0%	\$687.48	85.0%
EE + Spouse	1	\$1,683.80	\$252.58	15.0%	\$1,431.22	85.0%
EE + Child(ren)	10	\$1,507.42	\$226.12	15.0%	\$1,281.30	85.0%
Family	7	\$2,455.67	\$368.35	15.0%	\$2,087.32	85.0%

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	7	\$849.00	\$161.70	19.0%	\$687.30	81.0%
EE + Spouse	3	\$1,768.00	\$336.83	19.1%	\$1,431.17	80.9%
EE + Child(ren)	2	\$1,583.00	\$301.58	19.1%	\$1,281.42	80.9%
Family	1	\$2,579.00	\$491.35	19.1%	\$2,087.65	80.9%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	\$809.00	\$121.34	15.0%	\$687.66	85.0%
EE + Spouse	1	\$1,684.00	\$252.61	15.0%	\$1,431.39	85.0%
EE + Child(ren)	10	\$1,507.00	\$226.06	15.0%	\$1,280.94	85.0%
Family	7	\$2,456.00	\$368.40	15.0%	\$2,087.60	85.0%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	\$679,233	\$110,142	\$569,090
Renewal	\$679,212	\$110,139	\$569,073
Dollar Increase	-\$21	-\$4	-\$17

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	7	\$849.00	\$161.48	19.0%	\$687.52	81.0%
EE + Spouse	3	\$1,768.00	\$336.77	19.0%	\$1,431.23	81.0%
EE + Child(ren)	2	\$1,583.00	\$301.68	19.1%	\$1,281.32	80.9%
Family	1	\$2,579.00	\$491.68	19.1%	\$2,087.32	80.9%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	7	\$809.00	\$121.52	15.0%	\$687.48	85.0%
EE + Spouse	1	\$1,684.00	\$252.78	15.0%	\$1,431.22	85.0%
EE + Child(ren)	10	\$1,507.00	\$225.70	15.0%	\$1,281.30	85.0%
Family	7	\$2,456.00	\$368.68	15.0%	\$2,087.32	85.0%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	\$679,233	\$110,142	\$569,090
Renewal	\$679,212	\$110,122	\$569,090
Dollar Increase	-\$21	-\$21	\$0

*Cost breakdown assumes all employees are Wellness compliant

**Costs do not include HSA/HRA contributions

CLGBP Plans

August 1, 2026 Renewal



% Increase	0.00%
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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
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-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
Coinurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20
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
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
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
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
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
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
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
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
CURRENT RATES										
Wellness										
EE	\$849.27	\$849.27	\$810.10	\$810.10	\$808.79	\$808.79	\$632.79	\$776.63	\$776.63	\$865.26
EE+SP	\$1,768.07	\$1,768.07	\$1,791.11	\$1,791.11	\$1,683.80	\$1,683.80	\$1,317.43	\$1,616.82	\$1,616.82	\$1,801.36
EE+CH	\$1,582.87	\$1,582.87	\$1,603.48	\$1,603.48	\$1,507.42	\$1,507.42	\$1,179.41	\$1,447.45	\$1,447.45	\$1,612.66
FAM	\$2,578.59	\$2,578.59	\$2,612.17	\$2,612.17	\$2,455.67	\$2,455.67	\$1,921.35	\$2,357.98	\$2,357.98	\$2,627.12
NON-Wellness										
EE	\$899.27	\$899.27	\$860.10	\$860.10	\$858.79	\$858.79	\$682.79	\$826.63	\$826.63	\$915.26
EE+SP (1 compliant)	\$1,818.07	\$1,818.07	\$1,841.11	\$1,841.11	\$1,733.80	\$1,733.80	\$1,367.43	\$1,666.82	\$1,666.82	\$1,851.36
EE+SP (neither compliant)	\$1,868.07	\$1,868.07	\$1,891.11	\$1,891.11	\$1,783.80	\$1,783.80	\$1,417.43	\$1,716.82	\$1,716.82	\$1,901.36
EE+CH	\$1,632.87	\$1,632.87	\$1,653.48	\$1,653.48	\$1,557.42	\$1,557.42	\$1,229.41	\$1,497.45	\$1,497.45	\$1,662.66
FAM (1 compliant)	\$2,628.59	\$2,628.59	\$2,662.17	\$2,662.17	\$2,505.67	\$2,505.67	\$1,971.35	\$2,407.98	\$2,407.98	\$2,677.12
FAM (neither compliant)	\$2,678.59	\$2,678.59	\$2,712.17	\$2,712.17	\$2,555.67	\$2,555.67	\$2,021.35	\$2,457.98	\$2,457.98	\$2,727.12
CURRENT ENROLLMENT (Total CLGBP)										
	328	35	15	0	25	9	114	259	10	14
RENEWAL BENEFITS										
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded
Deductible	\$2,000/\$4,000	\$2,000/\$4,000	\$3,400/\$6,800	\$3,400/\$6,800	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,000/\$4,000
Coinurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20
MOOP	\$3,400/\$6,800	\$3,400/\$6,800	\$3,400/\$6,800	\$3,400/\$6,800	\$3,400/\$6,800	\$3,400/\$6,800	\$5,000/\$10,000	\$3,400/\$6,800	\$3,400/\$6,800	\$3,000/\$6,000
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
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
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
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
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
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
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
RENEWAL RATES										
Wellness										
EE	\$849.00	\$849.00	\$806.00	\$806.00	\$809.00	\$809.00	\$633.00	\$777.00	\$777.00	\$865.00
EE+SP	\$1,768.00	\$1,768.00	\$1,782.00	\$1,782.00	\$1,684.00	\$1,684.00	\$1,317.00	\$1,617.00	\$1,617.00	\$1,801.00
EE+CH	\$1,583.00	\$1,583.00	\$1,595.00	\$1,595.00	\$1,507.00	\$1,507.00	\$1,179.00	\$1,447.00	\$1,447.00	\$1,613.00
FAM	\$2,579.00	\$2,579.00	\$2,599.00	\$2,599.00	\$2,456.00	\$2,456.00	\$1,921.00	\$2,358.00	\$2,358.00	\$2,627.00
NON-Wellness										
EE	\$899.00	\$899.00	\$856.00	\$856.00	\$859.00	\$859.00	\$683.00	\$827.00	\$827.00	\$915.00
EE+SP (1 compliant)	\$1,818.00	\$1,818.00	\$1,832.00	\$1,832.00	\$1,734.00	\$1,734.00	\$1,367.00	\$1,667.00	\$1,667.00	\$1,851.00
EE+SP (neither compliant)	\$1,868.00	\$1,868.00	\$1,882.00	\$1,882.00	\$1,784.00	\$1,784.00	\$1,417.00	\$1,717.00	\$1,717.00	\$1,901.00
EE+CH	\$1,633.00	\$1,633.00	\$1,645.00	\$1,645.00	\$1,557.00	\$1,557.00	\$1,229.00	\$1,497.00	\$1,497.00	\$1,663.00
FAM (1 compliant)	\$2,629.00	\$2,629.00	\$2,649.00	\$2,649.00	\$2,506.00	\$2,506.00	\$1,971.00	\$2,408.00	\$2,408.00	\$2,677.00
FAM (neither compliant)	\$2,679.00	\$2,679.00	\$2,699.00	\$2,699.00	\$2,556.00	\$2,556.00	\$2,021.00	\$2,458.00	\$2,458.00	\$2,727.00
Plan Adjustments	1.00	1.00	0.9950	0.9950	1.00	1.00	1.00	1.00	1.00	1.00