

RESOLUTION #17-306-03

Authorizing the Township Administrator to execute the Health and Life Insurance documents

WHEREAS, the Liberty Township Board of Trustees has a duty to act in the public's best interest and there is a need to enter into an annual contract for health and life insurance within the contractual and SERB imposed restrictions, and

WHEREAS, the Fiscal Officer and benefits broker, Burnham & Flower, have evaluated employee benefits and design in light of market costs and economic concerns nationally, and

WHEREAS, the Fiscal Officer recommends entering into new Health and Life Insurance contracts with Anthem Insurance at the following rates:

Status	MONTHLY PREMIUM (April 1, 2017 – March 31, 2018)	Employees' Cost Sharing per Pay
Single	\$556.50	\$51.36
ee w/spouse	\$1212.42	\$111.91
ee w/child(ren)	\$933.24	\$86.24
Family	\$1699.17	\$156.84

NOW THEREFORE, BE IT RESOLVED, by the Liberty Township Board of Trustees of Delaware County, Ohio, that Health Insurance is authorized as reflected in the attached documents effective April 1, 2017 along with the employees' premium cost sharing and the employees' share of the deductible as noted above, and

BE IT FURTHER RESOLVED, that the Township Administrator is authorized to execute any and all attendant documents on behalf of Liberty Township.

Motion made by Leneghan and seconded by Mitchell.

Vote: yes Mrs. Eichhorn yes Mrs. Leneghan yes Dr. Mitchell

This Resolution shall be in force and become effective immediately upon its execution.

Mar. 6, 2017

Date

Melanie Leneghan
Melanie Leneghan, Trustee

CERTIFIED BY:

Nancy Denute
Nancy Denute, Fiscal Officer

Dr. Thomas Mitchell, Trustee

Shyra Eichhorn
Shyra Eichhorn, Trustee



WELCOME TO
LIBERTY TOWNSHIP

Health Reimbursement Account (HRA)

Your employer is offering a health reimbursement arrangement that you can use to offset certain out-of-pocket medical expenses. Your HRA dollars are automatically available when you receive a service that taps into eligible out-of-pocket expenses. The following table tells you how much is available for your use during the plan year and how you can use your HRA funds.

HRA terms	Definition	What your employer selected
Plan Year	This is the date your employer will fund your HRA Account. The dollars in this account are available to you for a 12-month consecutive term from this date forward.	Your HRA will fund on: April 1, 2017 to March 31, 2018
HRA Allowance	This is the amount your employer has contributed to your HRA account. This is the maximum amount any one person on the contract with two or more members is eligible to use.	Depending on whether you have an individual or a family contract (with two or more members), you will have these HRA dollars for the plan year: Individual: \$3,000.00 Family: \$6,000.00
Wellness HRA Rewards	Annually you and your spouse have the opportunity to earn Wellness Points to apply to your medical out-of-pocket expenses. See the Employee Brochure for additional information.	Depending on the Wellness Points you achieve, you have the ability to earn the following: Individual: \$1,500.00 Family: \$3,000.00
Eligible Expenses	Your HRA dollars are applied to a specific medical expense selected by your employer.	Your HRA dollars will be applied to your: In-Network Deductible Expenses Co-Insurance and Prescription Co-Payments Note: If the service or prescription is NOT approved or covered by the carrier your HRA fund can NOT be used.
Plan Deductible	The annual plan deductible for the medical plan elected by your employer.	Plan Deductible: \$4,000 ind/\$8,000 family Out-Of Pocket Maximum: \$5000 ind/\$10,000 family
Payment Arrangement	How Your HRA Dollars are applied.	The HRA (your employer) pays the \$3,000 per ind. or \$6,000 per family. The employee is responsible for the balance of \$2000 per ind. or \$4,000 family. If all Wellness Rewards are achieved your out-of pocket will be reduced to \$500 individual or \$1,000 family.
Carryover	Amount of HRA funds remaining at the end of the plan year that can be carried over to the next plan year and used for eligible medical expenses.	You must use all of your plan funds within the plan year. Any dollars remaining in your HRA Account at the end of a plan year will NOT carry over to the next plan year. If a claim arrives after the close of a plan year with a balance remaining in the prior year, submit your claim manually for processing.

Rate Authorization



Liberty Township

Proposed Effective Date 4/1/2017

Lumenos 9.0 H.SA

Option E5

Rx E36

TYPE OF PLAN	Health	Dental	Vision	Total
Employee 556.50	\$ 547.50	\$ -	\$ -	\$ 547.50
Employee/Spouse 1212.41	\$ 1,203.41	\$ -	\$ -	\$ 1,203.41
Employee/Child 933.24	\$ 924.24	\$ -	\$ -	\$ 924.24
Employee/Children 924.24	\$ 924.24	\$ -	\$ -	\$ 924.24
Family 1699.17	\$ 1,690.17	\$ -	\$ -	\$ 1,690.17

Health ACA Ins Fee*	Dental ACA Rmng Fee*	Vision ACA Ins Fee*
\$ 4.65	\$ -	\$ -
\$ 10.23	\$ -	\$ -
\$ 7.86	\$ -	\$ -
\$ 7.86	\$ -	\$ -
\$ 14.37	\$ -	\$ -

Added 7.00 for Healthiest You

By signing this Rate Authorization form, I agree to the applicable rates and/or the attached summary of benefits selected as of the effective date indicated. I also confirm that the group employed an average of more than fifty employees who worked a normal work week of twenty-five or more hours on business days during the preceding calendar year.

Authorized group signature	Date
Underwriting signature	Date

Starting January 1, 2014, the Affordable Care Act (ACA or health care reform law) says that health insurers must pay a new yearly fee to fund premium subsidies and Medicaid expansion. It is based on their market share of net premiums written, or the sum of premiums earned from all policies, from the prior year. The total amount to be gathered across all insurers is \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.38 billion in 2018. After 2018, it goes up yearly based on premium growth. The fee is forecasted to raise \$101.7 billion and is not tax deductible.

Section 1341 of the ACA calls for a transitional reinsurance program to be set up in each State. The program will help stabilize premiums for coverage in the individual market from 2014 to 2016. All insurers, and third-party administrators (TPAs) for self-insured group health plans, will make payments to issuers that cover high-cost people in non-grandfathered individual market plans.

This quote contains amounts for the ACA Insurer Fee and ACA Reinsurance Fee. Since the fees change each year in January for all business no matter the renewal date, we have calculated the amounts on a prorated basis across your full coverage period.

This content is provided solely for informational purposes. It is not intended as and does not constitute legal advice. The information contained herein should not be relied upon or used as a substitute for consultation with legal, accounting, tax and/or other professional advisers.

* The fee amounts displayed are estimates of amounts which are included in the premium development

Anthem Dental coverage is underwritten by Anthem Blue Cross and Blue Shield.
Dental and Vision administration services provided by Health Management Systems, Inc.
Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
An independent licensee of the Blue Cross and Blue Shield Association.
® Registered marks Blue Cross and Blue Shield Association.

556.50 = 51.36 / per pay
1212.41 = 111.91 / per pay
933.24 = 86.14 / per pay
1699.17 = 156.84 / per pay

Trustees / Fiscal
111.24 / pay
242.48 / pay
186.64 / pay
339.83 / pay

7/15