

**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,

FISCAL OFFICER   
TRUSTEE   
TRUSTEE   
TRUSTEE \_\_\_\_\_

**CLEARCREEK TOWNSHIP 2023 HEALTH INSURANCE RENEWAL OPTIONS**

85/15% premium split; 70% deductible subsidy

	Insurance Cost										TWP Costs							
	Medical % change from current	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	Annual Max out of Pocket	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
<b>Anthem---&gt;Current</b>																		
<b>Current = \$3,000/\$6,000 ded; \$4,000/\$8,000 Max OOP</b>																		
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	\$6,000.00	\$4,200.00	\$1,800.00	\$136.54	\$8,000.00	15.00%	\$2,259.22	\$188.27	\$86.89	\$6,059.22	\$9,609.22	\$1,066.85	\$350.00	13	\$18,419.08	\$221,028.91
Employee + Child(ren)		\$963.90	\$6,000.00	\$4,200.00	\$1,800.00	\$136.54	\$8,000.00	15.00%	\$1,735.02	\$144.59	\$66.73	\$5,535.02	\$9,085.02	\$819.32	\$350.00	14	\$16,370.41	\$196,444.92
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	\$10,522.99	\$1,498.35	\$350.00	54	\$99,811.14	\$1,197,733.72
<b>Anthem---&gt;Revised Renewal Deductible stay the same</b>																		
<b>RENEWAL = \$3,000/\$6,000 ded; \$4,000/\$8,000 Max OOP</b>																		
Employee Only		\$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	\$8,000.00	15.00%	\$2,473.87	\$206.16	\$95.15	\$6,273.87	\$10,373.87	\$1,168.21	\$350.00	13	\$19,736.79	\$236,841.46
Employee + Child(ren)	9.50%	\$1,055.47	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$8,000.00	15.00%	\$1,899.85	\$158.32	\$73.07	\$5,699.85	\$9,799.85	\$897.15	\$350.00	13	\$16,212.94	\$194,555.32
Family	9.50%	\$1,930.24	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$8,000.00	15.00%	\$3,474.43	\$289.54	\$133.63	\$7,274.43	\$11,374.43	\$1,640.70	\$350.00	55	\$109,488.72	\$1,313,864.64
<b>Anthem---&gt;Alternate Option 1 Deductible \$4,000/\$8,000 OOP \$5,000/\$10,000</b>																		
<b>RENEWAL = \$4,000/\$8,000 ded; \$5,000/\$10,000 Max OOP</b>																		
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	\$1,068.30	\$466.67	13	\$19,954.53	\$239,454.33
Employee + Child(ren)	0.14%	\$965.20	\$8,000.00	\$5,600.00	\$2,400.00	\$103.85	\$10,000.00	15.00%	\$1,737.36	\$144.78	\$66.82	\$6,137.36	\$8,837.36	\$820.42	\$466.67	13	\$16,732.13	\$200,785.52
Family	0.14%	\$1,765.15	\$8,000.00	\$5,600.00	\$2,400.00	\$103.85	\$10,000.00	15.00%	\$3,177.27	\$264.77	\$122.20	\$7,577.27	\$10,277.27	\$1,500.38	\$466.67	55	\$108,187.43	\$1,298,249.15
<b>Anthem---&gt;Alternate Option 2 Deductible \$3,500/\$7,000 OOP \$4,500/\$9,000</b>																		
<b>RENEWAL = \$3,500/\$7,000 ded; \$4,500/\$9,000 Max OOP</b>																		
Employee Only	4.58%	\$597.19	\$3,500.00	\$2,450.00	\$1,050.00	\$65.38	\$4,500.00	15.00%	\$1,074.94	\$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	\$1,115.73	\$408.33	13	\$19,812.78	\$237,753.41
Employee + Child(ren)	4.58%	\$1,008.06	\$7,000.00	\$4,900.00	\$2,100.00	\$130.77	\$9,000.00	15.00%	\$1,814.51	\$151.21	\$69.79	\$5,914.51	\$9,314.51	\$856.85	\$408.33	13	\$16,447.40	\$197,368.76
Family	4.58%	\$1,843.53	\$7,000.00	\$4,900.00	\$2,100.00	\$130.77	\$9,000.00	15.00%	\$3,318.35	\$276.53	\$127.63	\$7,418.35	\$10,818.35	\$1,567.00	\$408.33	55	\$108,643.36	\$1,303,720.33
<b>Medical Mutual---&gt; Alternate Option 3 Deductible \$3,000/\$6,000 OOP \$4,000/\$8,000</b>																		
<b>RENEWAL = \$3,000/\$6,000 ded; \$15,000/\$30,000 Max OOP</b>																		
Employee 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	5.48%	\$1,344.60	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$9,000.00	15.00%	\$2,420.28	\$201.69	\$93.09	\$7,220.28	\$11,320.28	\$1,142.91	\$350.00	13	\$19,407.83	\$232,893.96
Employee + Child(ren)	5.48%	\$1,101.04	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$9,000.00	15.00%	\$1,981.87	\$165.16	\$76.23	\$6,781.87	\$10,881.87	\$935.88	\$350.00	13	\$16,716.49	\$200,597.90
Family	5.48%	\$1,831.73	\$6,000.00	\$4,200.00	\$1,800.00	\$157.69	\$9,000.00	15.00%	\$3,297.11	\$274.76	\$126.81	\$8,097.11	\$12,197.11	\$1,556.97	\$350.00	55	\$104,883.38	\$1,258,600.53



Dental	INCUMBENT PPO - Dental		RENEWAL PPO - Dental		QUOTE PPO - Dental		QUOTE PPO - Dental		QUOTE PPO - Dental		QUOTE PPO - Dental	
<b>FINANCIAL</b>												
Annual Premium	\$90,398		\$105,765		\$83,748		\$82,703		\$94,241		\$102,364	
Difference from Current Rate Guarantee	n/a		17.0%   \$15,367		-7.4%   -\$6,650		-0.8%   -\$695		4.3%   \$3,843		13.2%   \$11,966	
	n/a		12		12		24		24		24	
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%		85%		85%		85%		95%		95%	
<b>NETWORK</b>												
Network	PPO		PPO		PPO		PPO		Delta Dental Network		UHC Network	
Usual & Customary (UCR)	90th		90th		90th		90th		Fee Schedule		90th	
<b>ANNUAL DEDUCTIBLE</b>												
Deductible Waived for Type I	Yes		Yes		Yes		No		Yes		Yes	
	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	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
<b>MAXIMUM</b>												
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>												
Oral Exams	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Full Mouth X-rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>RESTORATIVE SERVICES</b>												
Periodontics (Surgical)	85%	85%	85%	85%	85%	85%	85%	85%	80%	80%	90%	80%
Amalgam (Silver) and Composite (White) Fillings	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
<b>SURGICAL SERVICES</b>												
Endodontics	85%	85%	85%	85%	85%	85%	85%	85%	80%	80%	90%	80%
Oral Surgery (Complex Extractions)	50%	50%	50%	50%	85%	85%	50%	50%	50%	50%	60%	50%
<b>ORTHODONTIA SERVICES</b>												
Orthodontia Eligibility	Child only		Child only		Child only		Child only		Child only		Child only	
Orthodontia Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500

Notes

Ameritas Dental rewards and lifetime deductible