Troy Township
Health Insurance Committee Meeting Notes
Monday, May 1, 2023
6:00 p.m.

Committee Chairman Trustee Brett Wheeler called the meeting to order at 6:00 p.m.

The Pledge of Allegiance was recited, led by Clerk Larry Ryan.

In Attendance:

Chairman Trustee Brett Wheeler	Vice-Chairman Trustee Johnnie Greenwood
Supervisor Joseph D. Baltz	Clerk Larry Ryan
Collector Dawn Damiani	Administrator Jennifer Dylik (acting as Secretary)

A quorum is established.

Steve Orlando, Broker, Mission Insurance Services is in attendance. Trustee Bryan Kopman, Assessor Kim Anderson, and employees Janée Roedel, Cindy Stasell, Dan Gorog, and Rhianna Korst are in the audience.

Chairman Wheeler opened the meeting for guest and citizen comments. After asking three times, no comments were made.

Chairman Wheeler opened the meeting for the review and discussion of the Township's health insurance plan with Humana and the HRA.

Steve Orlando, Mission Insurance Services, reported that Humana has presented a 38.2% rate increase. Humana was unwilling to offer any rate relief. Mr. Orlando explained that any rate increase is based on three factors; is the group getting older in age, medical industry trends, and claims within the group. The Township group did have some major claims during the past twelve months. Supervisor Baltz inquired if Humana was leaving the group health marketplace. Mr. Orlando confirmed that yes by the end of December 2024 Humana will be leaving the group health marketplace and will be focusing on individual Medicare coverage.

Mr. Orlando secured pricing on other plans from Blue Cross Blue Shield and United Healthcare and reviewed those plans with the committee. BCBS has the most advantageous pricing and Mr. Orlando recommends moving to one of the six BCBS plans. All plan networks are either the traditional PPO, the Preferred PPO, or a hybrid version called Blue Options PPO. The group discussed all plans, their deductible levels, in-network coverage, out-of-network coverage, hospitals included in the networks, max out-of-pocket limits, and prescription coverage.

After much discussion, the collective opinion was that the BCBS G5K1OPT plan has the most advantageous premium at only a 7.7% increase from Humana's rates, had an acceptable deductible structure, and acceptable max out-of-pocket limits. Humana had two deductible levels. The Humana deductible was either $3,000 for an individual or $6,000 or coverage levels with 2 or more people. The BCBS plan has three levels of deductible: $3,000 for individual, $6,000 for 2 people,

$9,000 for 3 or more people. The group discussed increasing the HRA amount to $6,000 for employees who have coverage for 3 or more people. In summary:

Rate	Humana In-Network Deductible/HRA Reimbursement	BCBS G5K1OPT (Blue Options PPO) In-Network Tier 1 Deductible/HRA Reimbursement
Employee Only	$3,000 / $2,000	$3,000 / $2,000
Emp. + Spouse	$6,000 / $4,000	$6,000 / $4,000
Emp. + Child	$6,000 / $4,000	$6,000 / $4,000
Family	$6,000 / $4,000	$9,000 / $6,000

Chairman Wheeler asked if this new structure would be too taxing (budget wise) on the Township. Administrator Dylik responded that no, she does not believe it will.

Mr. Orlando reported that with the BCBS plan, prescription costs are part of the deductible.

Employee Janée Roedel inquired if the deductible that has already been satisfied with Humana for 2023 would transfer over to BCBS. Mr. Orlando confirmed that yes, BCBS will give credit to each employee for their 2023 deductible that has already been satisfied with Humana.

Employee Cindy Stasell asked if the deductibles listed for Tier 1 ($3,000) and Tier 2 ($4,700) were separate deductibles. Mr. Orlando confirmed that no, the $3,000 deductible for Tier 1 goes towards the $4,700 deductible of tier 2, making the worst-case scenario $4,700.00. Mr. Orlando then reviewed local and Chicago area hospitals that are in the Tier 1 network (BCBS Preferred) and Tier 2 network (BCBS PPO).

Motion made by Supervisor Baltz; seconded by Clerk Ryan **to recommend to the Board that the Township select the BCBS G5K1OPT plan for coverage effective July 1, 2023, and to increase the family HRA deductible reimbursement from $4,000 to $6,000.**

Discussion on the motion: Employees in attendance commented on their frustration with Humana and their claim processing and welcomed the opportunity to move to BCBS.

Clerk Ryan asked if Mr. Orlando could get the Board a breakdown of the HRA usage over the past few years. Mr. Orlando will get this and send to the Township at a later date.

Chairman Wheeler called for a vote on the motion. **Motion carried.**

Mr. Orlando presented the Delta Dental insurance renewal at less than a 3% rate increase. This is the first increase to the rates that Delta Dental has given the Township since joining Delta Dental in March of 2015. Mr. Orlando then reviewed comparable policies with Met Life and Mutual of Omaha. The Committee discussed all plans, available dentists in the plan, deductibles, etc. The employees in attendance commented that they have been pleased with the coverage and service from Delta Dental.

Motion made by Trustee Greenwood; seconded by Clerk Ryan **to recommend to the Board to renew with Delta Dental effective July 1, 2023.**

Chairman Wheeler called for a vote on the motion. **Motion carried.**

Mr. Orlando then reviewed the current Eye Med policy that is up for renewal on August 1, 2023. While renewal rates have not been received yet, when Mr. Orlando secured pricing from VSP and the rates are double the current EyeMed rate. Employees in attendance commented that they have been very pleased with the EyeMed coverage. Mr. Orlando strongly suggests renewing EyeMed for the August 1st renewal.

Motion made by Collector Damiani; seconded by Trustee Greenwood **to recommend to the Board to renew with EyeMed for vision insurance effective August 1, 2023.**

Chairman Wheeler called for a vote on the motion. **Motion carried.**

Chairman Wheeler asked if consideration should be given to changing the employee contribution rates. Administrator Dylik commented that given the better pricing from BCBS (vs. Humana) that she did not feel any need to change the percentage of premium paid by employees and eligible elected officials. A short discussion ensured with the consensus being not to make any changes.

Motion made by Clerk Ryan; seconded by Collector Damiana **to recommend to the Board that no changes be made to employee contribution rates.**

Chairman Wheeler called for a vote on the motion. **Motion carried.**

Clerk Ryan asked the audience members if there were any concerns. No concerns were raised.

Chairman Wheeler and the committee confirmed that no additional meetings are needed at this time.

Administrator Dylik confirmed that benefit meetings will be conducted for staff in early June to explain the changes. Mr. Orlando agreed to attend and will present to the group.

Chairman Wheeler asked for any new business. No new business was presented.

Supervisor Baltz motioned; seconded by Clerk Ryan to adjourn the meeting at 6:57 p.m.

Motion carried. Meeting adjourned.

Jennifer Dylik, Secretary

MISSION INSURANCE SERVICES

TROY TOWNSHIP

Established 1849 Will County - Illinois

PLAN STATUS			CURRENT							
CARRIER			HUMANA. Guidance when you need it most		BlueCross BlueShield of Illinois					
Effective Date July 1, 2023										
PLAN(S)					G533PPO		G533BCE		G5K1OPT	
Network Name			Choice POS 08		BlueCross PPO		BlueChoice Preferred PPO		Blue Options PPO	
PLAN BASICS									Tier 1 / Tier 2	
Individual Deductible			$3,000	$9,000	$3,000	$6,000	$3,000	$6,000	$3,000/$4,700	$9,400
Family Deductible			$6,000	$18,000	$9,000	$18,000	$9,000	$18,000	$9,000/$14,100	$28,200
Coinsurance Level			100%	70%	90%	60%	90%	60%	100%/80%	50%
Individual Out-of-Pocket Maximum			$0	$4,000	$3,600	Unlimited	$3,600	Unlimited	$3,000/$6,650	Unlimited
Family Out-of-Pocket Maximum			$0	$8,000	$10,800	Unlimited	$10,800	Unlimited	$9,000/$14,100	Unlimited
Lifetime Maximum			Unlimited		Unlimited		Unlimited		Unlimited	
OTHER PLAN DETAILS										
Hospital Services			100% after deductible	70% after deductible	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%/80% after ded	60% after deductible
Hospital Copay *(per admission)*			100% after deductible	70% after deductible	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%/80% after ded	60% after deductible
Emergency Care			100% after deductible		90% after deductible		90% after deductible		100% after deductible	
Office Visits			100% after deductible	70% after deductible	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%/80% after ded	60% after deductible
Prescription Drugs										
Generic			$15.00	30% after deductible	10% after deductible	20% after deductible	10% after deductible	20% after deductible	100% after deductible	
Formulary Brand			$30.00	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	100% after deductible	
Non-Formulary Brand			$50.00	30% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	100% after deductible	
					*specialty drugs will cost more		*specialty drugs will cost more			
Rate:			Current	Renewal						
Employee Only	5		$759.63	$1,049.82	$1,027.82		$782.67		$857.44	
Employee/Spouse	2		$1,671.20	$2,309.62	$2,055.64		$1,565.34		$1,714.88	
Employee/Child	2		$1,443.31	$1,994.67	$1,901.47		$1,447.94		$1,586.26	
Family	1		$2,354.87	$3,254.46	$2,929.29		$2,230.61		$2,443.70	
Total			**$12,382.04**	**$17,112.14**	**$15,982.61**		**$12,170.52**		**$13,333.18**	
Rate Change			38.2% Increase		29.1% Increase		1.7% Decrease		7.7% Increase	

This plan offers the strongest PPO network that BlueCross offers.

The following hospitals are OUT of the BlueChoice Preferred network: University of Chicago, Rush Oak Park, Franciscan St. Margaret's, Shriner's Hospital for Children, Lurie Childrens, Northshore Hospitals, Morris Hospital and Riverside.

The hospitals in the BlueChoice Preferred PPO are in Tier 1 with the Blue Options plan. The other hospitals mentioned are In Network under the Tier 2 benefit.

Coverage highlights are provided for easy-to-follow comparitive purposes only and should not be relied on as absolute.

MISSION INSURANCE SERVICES

TROY TOWNSHIP

Established 1850 · Will County · Illinois

PLAN STATUS			CURRENT									
CARRIER			HUMANA. Guidance when you need it most		BlueCross BlueShield of Illinois							
Effective Date July 1, 2023												
PLAN(S)					G530PPO		G530BCE		G5K1OPT			
Network Name			Choice POS 08		BlueCross PPO		BlueChoice Preferred PPO		Blue Options PPO			
PLAN BASICS									Tier 1 / Tier 2			
Individual Deductible			$3,000	$9,000	$4,000	$8,000	$4,000	$8,000	$3,000/$4,700	$9,400		
Family Deductible			$6,000	$18,000	$12,000	$24,000	$12,000	$24,000	$9,000/$14,100	$28,200		
Coinsurance Level			100%	70%	100%	100%	100%	100%	100%/80%	50%		
Individual Out-of-Pocket Maximum			$0	$4,000	$4,000	$8,000	$4,000	$8,000	$3,000/$6,650	Unlimited		
Family Out-of-Pocket Maximum			$0	$8,000	$12,000	$24,000	$12,000	$24,000	$9,000/$14,100	Unlimited		
Lifetime Maximum			Unlimited		Unlimited		Unlimited		Unlimited			
OTHER PLAN DETAILS												
Hospital Services			100% after deductible	70% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100%/80% after ded	60% after deductible		
Hospital Copay *(per admission)*			100% after deductible	70% after deductible	$200 Fee	100% after deductible	$200 Fee	100% after deductible	100%/80% after ded	60% after deductible		
Emergency Care			100% after deductible		100% after deductible		100% after deductible		100% after deductible			
Office Visits			100% after deductible	70% after deductible	$35 OV; $55 SV	100% after deductible	$35 OV; $55 SV	100% after deductible	100%/80% after ded	60% after deductible		
Prescription Drugs												
Generic			$15.00	30% after deductible	$0/$10	$10/$20	$0/$10	$10/$20	100% after deductible			
Formulary Brand			$30.00	30% after deductible	$35	$55	$35	$55	100% after deductible			
Non-Formulary Brand			$50.00	30% after deductible	$75	$95	$75	$95	100% after deductible			
					*specialty drugs will cost more		*specialty drugs will cost more					
Rate:			Current	Renewal								
Employee Only	5		$759.63	$1,049.82	$1,059.83		$809.78		$857.44			
Employee/Spouse	2		$1,671.20	$2,309.62	$2,119.66		$1,619.56		$1,714.88			
Employee/Child	2		$1,443.31	$1,994.67	$1,960.69		$1,498.09		$1,586.26			
Family	1		$2,354.87	$3,254.46	$3,020.52		$2,307.67		$2,443.70			
Total			**$12,382.04**	**$17,112.14**	**$16,480.37**		**$12,592.07**		**$13,333.18**			
Rate Change			38.2% Increase		33.1% Increase		1.7% Increase		7.7% Increase			

This plan offers the strongest PPO network that BlueCross offers.

The following hospitals are OUT of the BlueChoice Preferred network: University of Chicago, Rush Oak Park, Franciscan St. Margaret's, Shriner's Hospital for Children, Lurie Childrens, Northshore Hospitals, Morris Hospital and Riverside.

The hospitals in the BlueChoice Preferred PPO are in Tier 1 with the Blue Options plan. The other hospitals mentioned are In Network under the Tier 2 benefit.

Coverage highlights are provided for easy-to-follow comparitive purposes only and should not be relied on as absolute.

MISSION
INSURANCE SERVICES

TROY
TOWNSHIP
Established 1838 Will County - Illinois

PLAN STATUS			CURRENT		UnitedHealthcare®					
CARRIER			HUMANA. Guidance when you need it most							
Effective Date July 1, 2023										
PLAN(S)					CV-EY		CO-FR		CV-IF	
Network Name			Choice POS 08		Choice Plus PPO		CORE PPO		Nexus ACO	
PLAN BASICS									Tier 1 / Tier 2	
Individual Deductible			$3,000	$9,000	$3,000	$10,000	$3,000	$10,000	$2,000/$2,000	$5,000
Family Deductible			$6,000	$18,000	$6,000	$20,000	$6,000	$20,000	$4,000/$4,000	$15,000
Coinsurance Level			100%	70%	100%	70%	100%	70%	100%/80%	70%
Individual Out-of-Pocket Maximum			$0	$4,000	$3,000	$20,000	$3,000	$20,000	$6,500/$6,500	$10,000
Family Out-of-Pocket Maximum			$0	$8,000	$6,000	$40,000	$6,000	$40,000	$13,000/$13,000	$30,000
Lifetime Maximum			Unlimited		Unlimited		Unlimited		Unlimited	
OTHER PLAN DETAILS										
Hospital Services			100% after ded.	70% after ded.	100% after ded.	70% after ded.	100% after ded.	70% after ded.	100%/80% after ded	50% after ded.
Hospital Copay *(per admission)*			100% after ded.	70% after ded.	100% after ded.	70% after ded.	100% after ded.	70% after ded.	100%/80% after ded	50% after ded.
Emergency Care			100% after deductible		100% after deductible		100% after deductible		$300 Copayment	
Office Visits			100% after ded.	70% after ded.	100% after ded.	70% after ded.	100% after ded.	70% after ded.	OV: $10/40 SV: $40/100	50% after ded.
Prescription Drugs										
Generic			$15.00	30% after ded.	100% after deductible		100% after deductible		$10 Copayment	
Formulary Brand			$30.00	30% after ded.	100% after deductible		100% after deductible		$40 Copayment	
Non-Formulary Brand			$50.00	30% after ded.	100% after deductible		100% after deductible		$125 Copayment	
Specialty			N/A	N/A	100% after deductible		100% after deductible		$300 Copayment	
Rate:			**Current**	**Renewal**						
Employee Only	5		$759.63	$1,049.82	$1,185.74		$987.28		$929.68	
Employee/Spouse	2		$1,671.20	$2,309.62	$2,193.62		$1,974.56		$1,859.36	
Employee/Child	2		$1,443.31	$1,994.67	$2,371.48		$1,826.47		$1,719.91	
Family	1		$2,354.87	$3,254.46	$3,379.36		$2,813.75		$2,649.59	
Total			**$12,382.04**	**$17,112.14**	**$18,438.26**		**$15,352.21**		**$14,456.53**	
Rate Change			**38.2% Increase**		**48.9% Increase**		**24% Increase**		**16.75% Increase**	

This plan offers the strongest PPO network that UHC offers.

The following hospitals are OUT of the CORE network:
University of Chicago, Rush Oak Park, Ingalls and a few more.

Coverage highlights are provided for easy-to-follow comparitive purposes only and should not be relied on as absolute.

MISSION INSURANCE SERVICES

TROY TOWNSHIP

Established 1850 Will County - Illinois

7/1/2023

Dental PPO

Carrier		*Delta Dental*	*MetLife*	*Mutual of Omaha*
Plan		PPO Platinum	PPO	DINHR02
Preventive		100%/100%	100%/100%	100%/100%
Basic		80%/80%	80%/80%	80%/80%
Major		50%/50%	50%/50%	50%/50%
Single Deductible		$50/$50	$50/$50	$50/$50
Family Deductible		$150/$150	$150/$150	$150/$150
Periodontics		Basic	Basic	Basic
Endodontics		Basic	Basic	Basic
Orthodontia		$1,500	$1,500	$1,500
Annual Maximum		$1,800/$1,800	$2,000/$2,000	$1,750/$1,750
Network		Delta Dental PPO/Premier	PDP Plus	PPO
Web Address		www.deltadental.com	www.metlife.com	www.mutualofomaha.com
		*implant coverage		
		OON reim 85%ile	OON reim 90%ile	OON reim 90%ile
Rate:		Renewal Rates		
Employee	5	$45.14	$43.37	$39.55
Employee/Spouse	2	$95.06	$86.42	$81.15
Employee/Child(ren)	2	$95.06	$100.90	$81.15
Family	1	$150.42	$154.30	$132.95
	Total	**$756.36**	**$745.79**	**$655.30**

* Full case, Class I or II malocclusion

Dentists within 5 miles of ZIP Code 60404			
64 (PPO)	**418**	Over 300	
92 (Premier)			