FAIRFIELD TOWNSHIP
RESOLUTION NO. 25-89

RESOLUTION AUTHORIZING THE ADMINISTRATOR TO SIGN THE CONTRACT WITH ANTHEM AS A PROVIDER FOR HEALTHCARE BENEFITS.

WHEREAS: Fairfield Township currently offers healthcare benefits to its employees and officials; and

WHEREAS; Fairfield Township did receive an increase of 4.58% with Anthem and decided to get quotes from other carriers to see if a better rate could be found; and

WHEREAS: Fairfield Township did also look to see how a self-insured plan would be structured and the costs associated with that new plan design; and

WHEREAS: After reviewing multiple quotes, Anthem revised their initial rate to 0%; and

WHEREAS: These benefits are due for renewal on July 1, 2025;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby authorizes the Administrator to sign the contract for healthcare for all Fairfield Township full time employees and elected officials that participate along with their covered family members in accordance with the terms set forth in the correspondence attached hereto as Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon It's first reading.

SECTION 3: This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: June 2, 2025

Board of Trustees	**Vote of Trustees**
Michael Berding:	yes
Shannon Hartkemeyer:	yes
Joe McAbee:	yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 20th day of June, 2025.

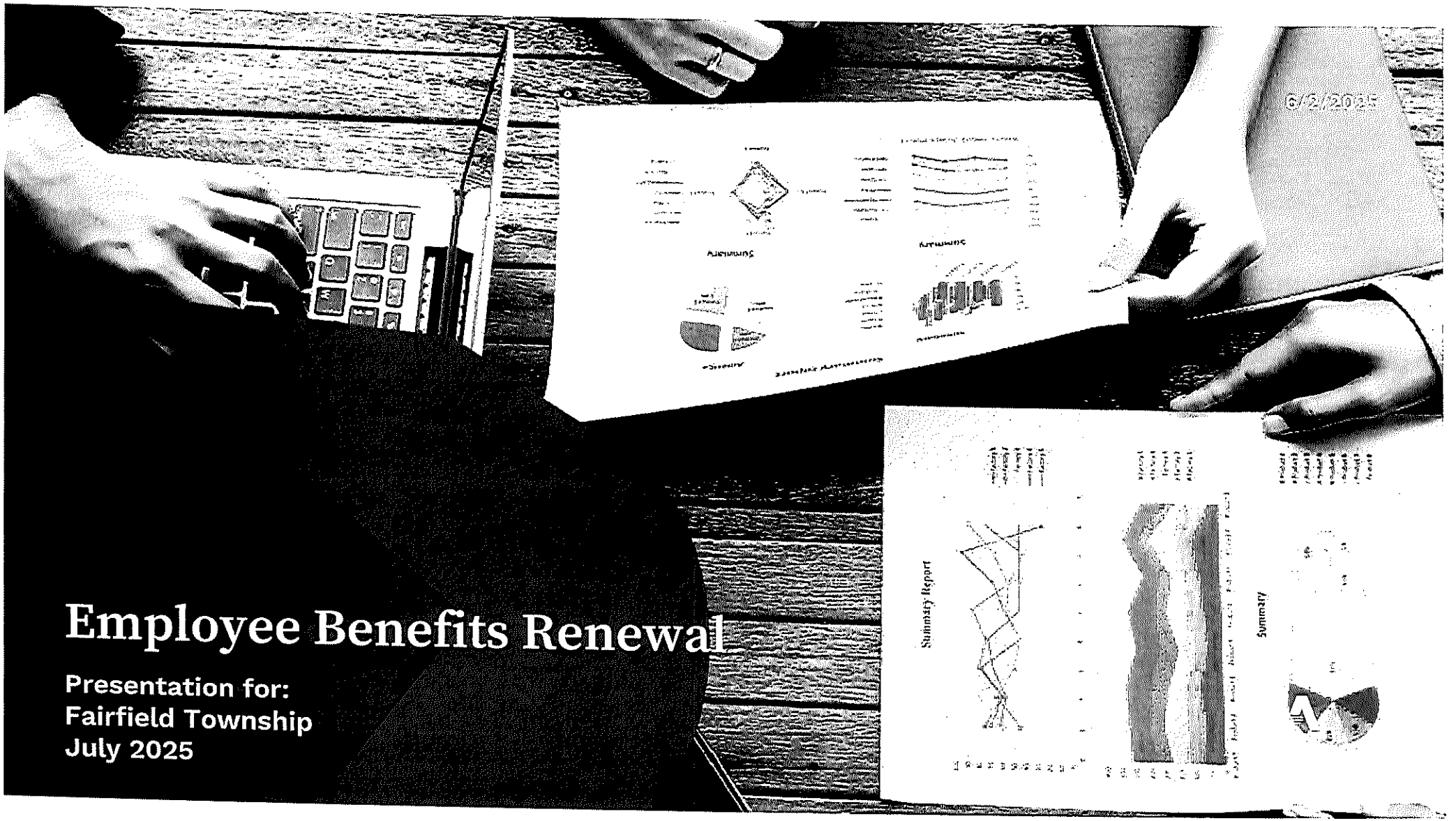
ATTEST:

Shelly Schultz

Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

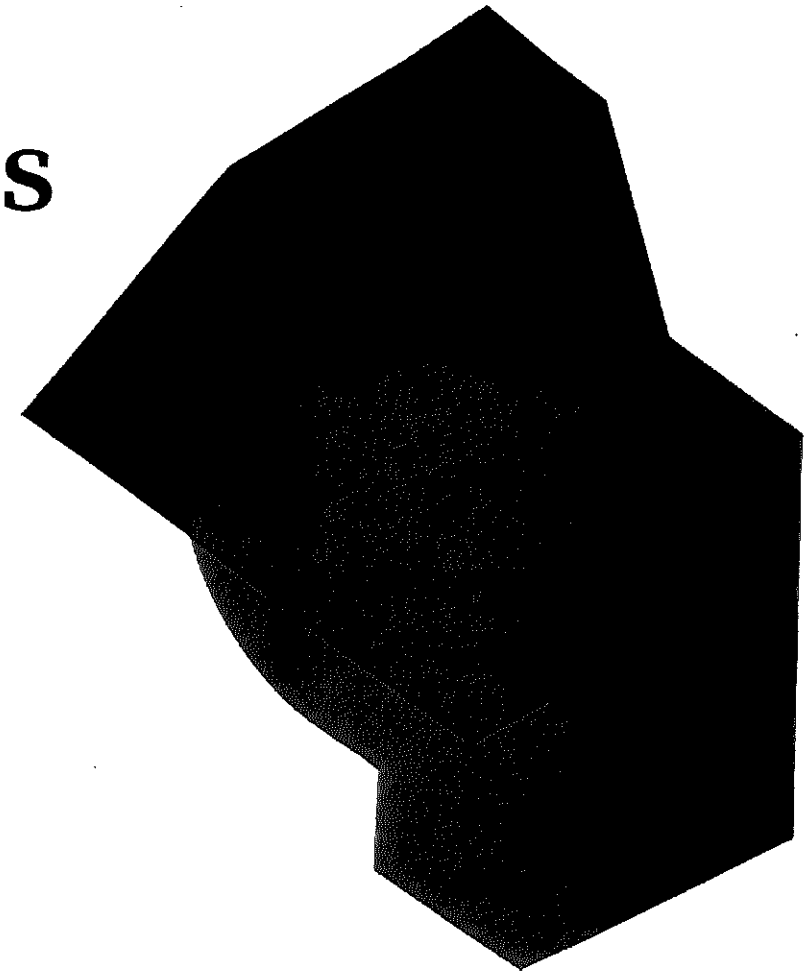
Katherine Barbiere, Township Law Director



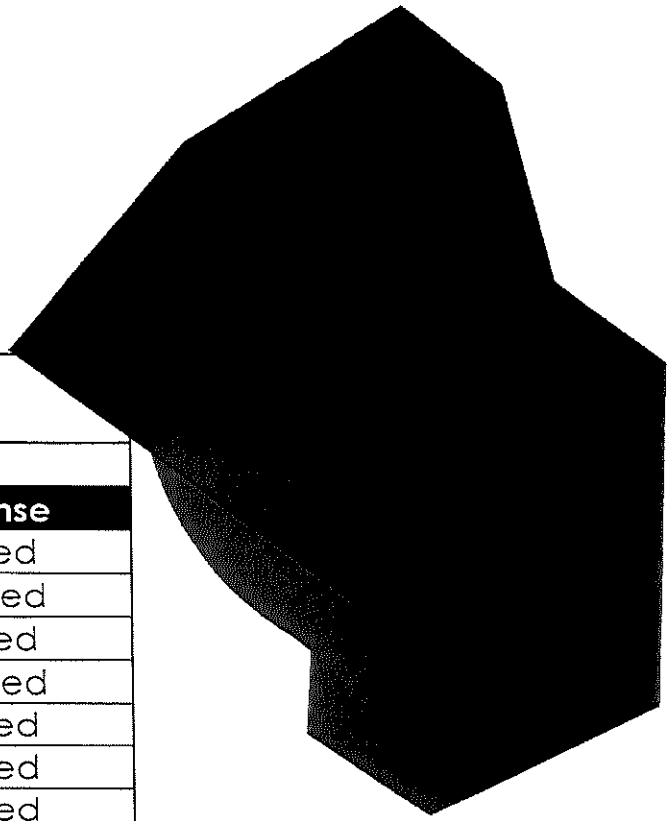
Employee Benefits Renewal

Presentation for:
Fairfield Township
July 2025

Table of Contents



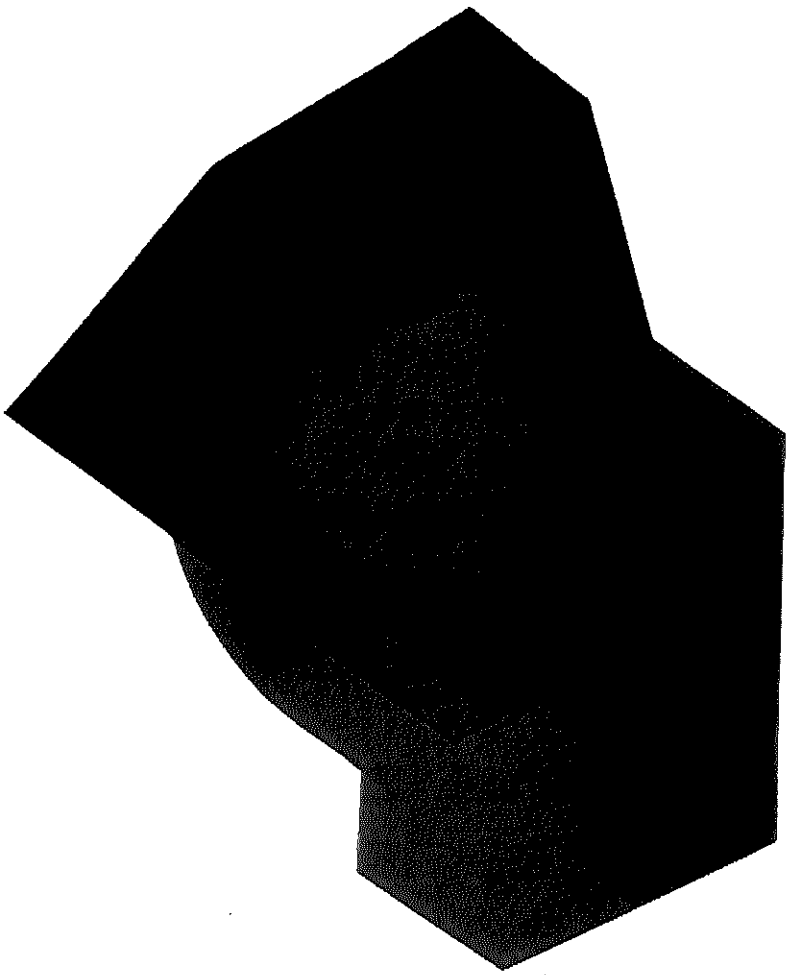
Markets Approached



The following markets were considered in developing a recommendation

Carrier Approached	Lines Marketed	AM Best Rating	Response
Aetna	Medical	A	Quoted
Cigna	Medical	A	Declined
Crumdale	Medical	NR	Quoted
MMO	Medical	NR	Declined
Round Stone	Medical SF	A	Quoted
UHC	Medical	A	Quoted
Delta Dental	Dental	A	Quoted
Ameritas	Dental	A+	Quoted
Principal	Dental / Vision	A+	Quoted
Eye Med	Vision	A	Quoted

Medical Renewal and Alternate Plan Options



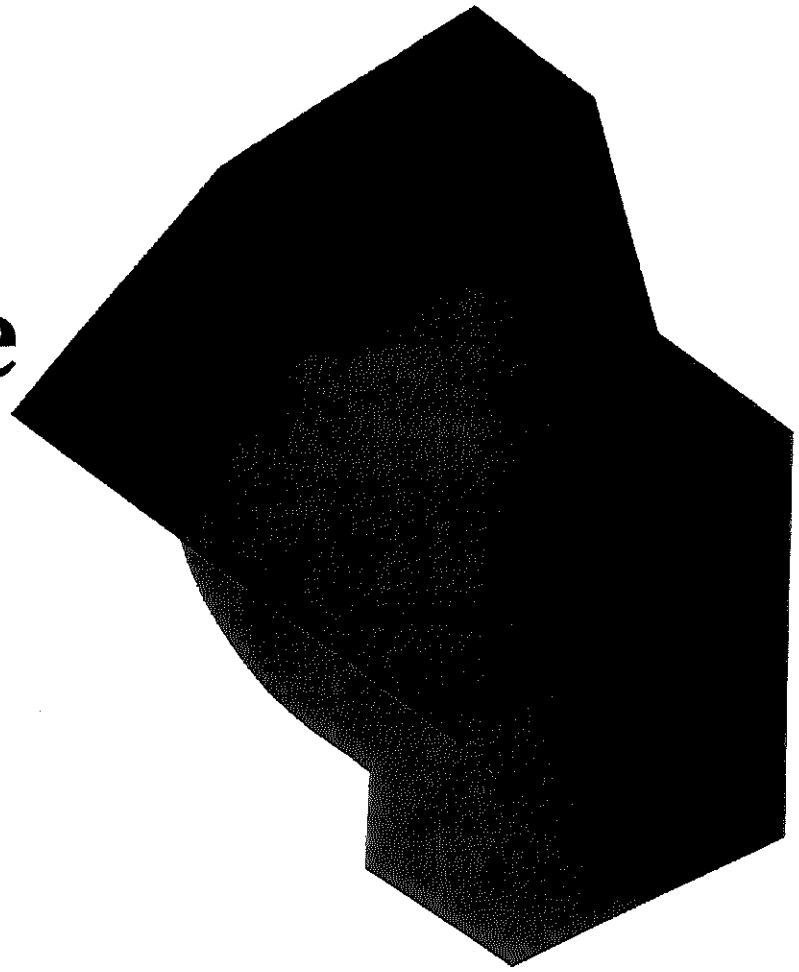
Medical Current and Renewal Plan Options

Carrier		Anthem		Aetna	Aetna
Plan Name		PPO Option 7 with Rx Option TZ		CPOS II $2,750 HSA	CPOS II $1,500
Network Name		Blue Access		CPOS II	CPOS II
Rates		Current	Renewal	Alternate	Alternate
Employee	17	$648.27	$677.95	$693.07	$813.46
Employee+Spouse	12	$1,562.32	$1,633.85	$1,634.50	$1,940.15
Employee+Child	12	$1,112.43	$1,163.36	$1,428.76	$1,693.92
Family	27	$2,014.81	$2,107.05	$2,236.17	$2,660.21
Monthly Medical Premium		**$97,517.46**	**$101,982.02**	**$108,917.90**	**$129,263.33**
Annual Medical Premium		**$1,170,209.52**	**$1,223,784.24**	**$1,307,014.80**	**$1,551,159.96**
Total % Difference from Current		N/A	4.58%	11.7%	32.6%
Total $ Difference from Current		N/A	$53,574.72	$136,805.28	$380,950.44
Basic Benefit Overview (In-Network)		**In - Network**	**Out - Of - Network**	**In - Network**	**Out - Of - Network**	**In - Network**	**Out - Of - Network**
Annual Deductible [Individual/Family]		$1,500 / $3,000	$4,500 / $9,000	$2,750 / $5,500	$10,000 / $30,000	$1,500 / $3,000	$3,000 / $9,000
Annual Out-of-Pocket Limit [Individual/Family]		$3,800 / $7,600	$11,400 / $22,800	$7,500 / $15,000	$20,000 / $60,000	$5,500 / $11,000	$13,000 / $39,000
Deductible Year		Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Coinsurance [In-Network]		80%	50%	100%	50%	80%	50%
Routine Preventive Care Visit		Covered in Full	50% after deductible	Covered In Full	50% after deductible	Covered in Full	50% after deductible
Office Visit / Specialist Office Visit		$30 Copay / $60 Copay	50% after deductible	$25 Copay / $75 Copay	50% after deductible	$25 Copay / $75 Copay	50% after deductible
Outpatient Surgery and Facility Charge		20% after deductible	50% after deductible	$250 Copay	50% after deductible	20% after deductible	50% after deductible
Outpatient Diagnostic		20% after deductible	50% after deductible	0% after deductible	50% after deductible	20% after deductible	50% after deductible
Out of Network Benefits Available [Yes/No]		Yes		Yes		Yes	
Inpatient Hospital Services							
Inpatient Hospitalization		20% after deductible	50% after deductible	$250 Copay	50% after deductible	20% after deductible	50% after deductible
Emergency Services							
Emergency Room		$350 Copay + 20% Coinsurance		$500 Copay		$300 Copay + 20% Coinsurance	
Urgent Care		$75 Copay	50% after deductible	$75 Copay	50% after deductible	$75 Copay	50% after deductible
Prescription Drugs							
Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4		Preferred : $10 / $40 / $70 / 25% Up to $350 In - Network : $20 / $50 / $80 / 25% Up to $450	50% Coinsurance	$3 (Tier 1A) / $10 (Tier 1) / $50 / $80 / Preferred : 20% up to $250 , Non- Preferred: 40% up to $500	50% Coinsurance	$3 (Tier 1A) / $10 (Tier 1) / $45 / $75 / Preferred : 20% Up to $250 , Non - Preferred : 40% Up to $500	50% Coinsurance
Mail Order: Tier 1 / Tier 2 / Tier 3 / Tier 4		$25 / $120 / $210 / 25% Up to $350	50% Coinsurance	$6 / $20 / $100 / $160	50% Coinsurance	$6 / $20 / $90 / $150	50% Coinsurance
Number of Days Supply [Retail/Mail Order]		30 Days / 90 Days		30 Days / 90 Days		30 Days / 90 Days	

Medical Current and Renewal Plan Options

Carrier		Anthem		Crumdale				UHC		Sidecar
Plan Name		PPO Option 7 with Rx Option T2		PPO $1,500		PPO $2,000		Surest CS000		Sidecar Health ($0/$1,500)
Network Name		Blue Access		Aetna				Surest		Sidecar Health
Rates		Current	Renewal	Alternate				Alternate		Alternate
Employee	17	$648.27	$677.95	$936.44		$898.11		$615.75		$591.37
Employee+Spouse	12	$1,562.32	$1,633.85	$1,628.35		$1,559.99		$1,483.96		$1,425.20
Employee+Child	12	$1,112.43	$1,163.36	$1,489.97		$1,427.62		$1,056.63		$1,014.80
Family	27	$2,014.81	$2,107.05	$2,147.30		$2,056.41		$1,913.75		$1,837.98
Monthly Medical Premium		$97,517.46	$101,982.02	$111,316.42		$106,642.26		$92,626.08		$88,958.75
Annual Medical Premium		$1,170,209.52	$1,223,784.24	$1,335,797.04		$1,279,707.12		$1,111,512.96		$1,067,505.00
Total % Difference from Current		N/A	4.58%	14.2%		9.4%		-5.0%		-8.8%
Total $ Difference from Current		N/A	$53,574.72	$165,587.52		$109,497.60		-$58,696.56		-$102,704.52
Basic Benefit Overview (In-Network)		In - Network	Out - Of - Network	In - Network	Out - Of - Network	In - Network	Out - Of - Network	In - Network	Out - Of - Network	In - Network
Annual Deductible [Individual/Family]		$1,500 / $3,000	$4,500 / $9,000	$1,500 / $3,000	$3,000 / $6,000	$2,000 / $4,000	$4,000 / $8,000	$0	$0	$1,500 / $3,000
Annual Out-of-Pocket Limit [Individual/Family]		$3,800 / $7,600	$11,400 / $22,800	$6,000 / $12,000	$12,000 / $24,000	$6,000 / $12,000	$12,000 / $24,000	$5,000 / $10,000	$10,000 / $20,000	$1,500 / $3,000
Deductible Year		Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Coinsurance [In-Network]		80%	50%	100%	75%	80%	50%	100%		100%
Routine Preventive Care Visit		Covered in Full	50% after deductible	Covered in Full	50% after deductible	Covered in Full	50% after deductible	Covered in Full	$160	Covered in Full
Office Visit / Specialist Office Visit		$30 Copay / $60 Copay	50% after deductible	$30 Copay / $60 Copay	25% after deductible	$20 Copay / $50 Copay	50% after deductible	$20 to $105 / $0 to $70	$215 / Up to $270	0% after deductible
Outpatient Surgery and Facility Charge		20% after deductible	50% after deductible	$500 Copay	25% after deductible	20% after deductible	50% after deductible	$200 to $3,000	Up to $9,000	0% after deductible
Outpatient Diagnostic		20% after deductible	50% after deductible		25% after deductible	20% after deductible	50% after deductible	$125 to $850	Up to $1650	0% after deductible
Out of Network Benefits Available [Yes/No]		Yes		Yes		Yes		Yes		Yes
Inpatient Hospital Services										
Inpatient Hospitalization		20% after deductible	50% after deductible	0% after deductible	25% after deductible	20% after deductible	50% after deductible	$200 to $3,000	Up to $9,000	0% after deductible
Emergency Services										
Emergency Room		$350 Copay + 20% Coinsurance		$300 Copay after deductible		$300 Copay		$600		0% after deductible
Urgent Care		$75 Copay	50% after deductible	$40 Copay	25% after deductible	$40 Copay	50% after deductible	$60	$180	$0 Copay
Prescription Drugs										
Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4		Preferred : $10 / $40 / $70 / 25% Up to $350 In - Network : $20 / $50 / $80 / 25% Up to $450	50% Coinsurance	$10 / $25 / 50%Coinsurance / $200 Copay		$10 / $25 / 50%Coinsurance / $200 Copay		$10 / $35 / $70 / Specialty : $10 / $100 / $200	Not Covered	$0 Up to benefit amount
Mail Order: Tier 1 / Tier 2 / Tier 3 / Tier 4		$25 / $120 / $210 / 25% Up to $350	50% Coinsurance	$20 / $50 / 50% Coinsurance		$20 / $50 / 50% Coinsurance		$25 / $87 / $175 / Specialty : $10 / $100 / $200	Not Covered	$0 Up to benefit amount
Number of Days Supply [Retail/Mail Order]		30 Days / 90 Days		30 Days / 90 Days		30 Days / 90 Days		30 Days / 90 Days		30 Days / 90 Days

Medical Alternate Self - Funding Plan



Alternate Self-Funding Plan Roundstone Captive

		Alternate
Administration / Fees		
Administrator/Stop Loss Carrier	Employees	Bywater / Roundstone
	69	
Stop Loss Carrier Rating		
Administration Fee		$87.63
Total Annual		$72,557.64
Network		Cigna
Stop Loss Terms		
Specific Deductible		$50,000
Aggregating Specific Deductible		
Annual maximum		Unlimited
Contract		12/12
Coverages		Med Rx
Aggregate		
Annual maximum		$1,262,295.00
Contract		12/12
Coverages		Med Rx
Corridor		125%
Stop Loss Premium		
	Enrollment	
Composite	69	$463.79
Annual Specific Premium		$384,018.12
Aggregate composite	69	$17.45
Annual Aggregate Premium		$14,448.60
Total Annual Administration Fee		$72,557.64
Total Annual Stop Loss Premium		$398,466.72
Other Fixed Costs		$1,656.00
Total Other Fixed Costs		$1,656.00
Total Annual Fixed Costs		$472,680.36
Percent Difference		N/A
Aggregate Claim Liability		
	Enrollment	
Composite	69	$922.28
Annual Maximum Claims		$763,647.84
Annual Expected Claims at 125% Corridor		$610,918.27
Annual Aggregate Attachment Point		$763,647.84
Percent Change		N/A
Summary		
Specific and Aggregate Stop Loss Premium		$400,122.72
Administration Fee		$72,557.64
Expected Claim Liability		$610,918.27
Total Annual Expected Claim and Fixed Costs		$1,083,598.63
Percent Difference		N/A
Dollar Difference		N/A
Total Annual Maximum Plan Cost		$1,236,328.20

Additional Considerations

Crumdale will require applications for 10 Employees. If those applications are reviewed favorably, it could significantly reduce the cost of the overall quoted premium.

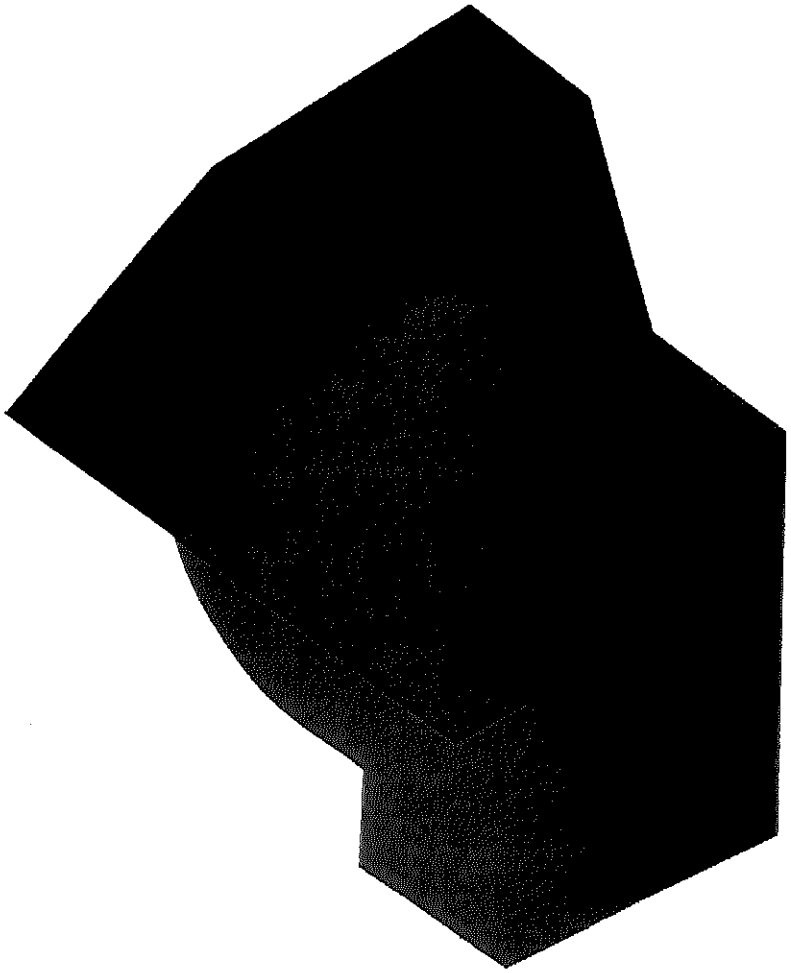
Aetna Enrollment Incentives:

- Medical Admin Credit is $400 per medical subscriber: $400 per subscriber admin credit (69 enrolled x $400 = $27,600) – please see attached flyer for additional details
- Dental Admin Credit is $150 per medical subscriber: $550 per subscriber admin credit (69 enrolled x $550 = $37,950)

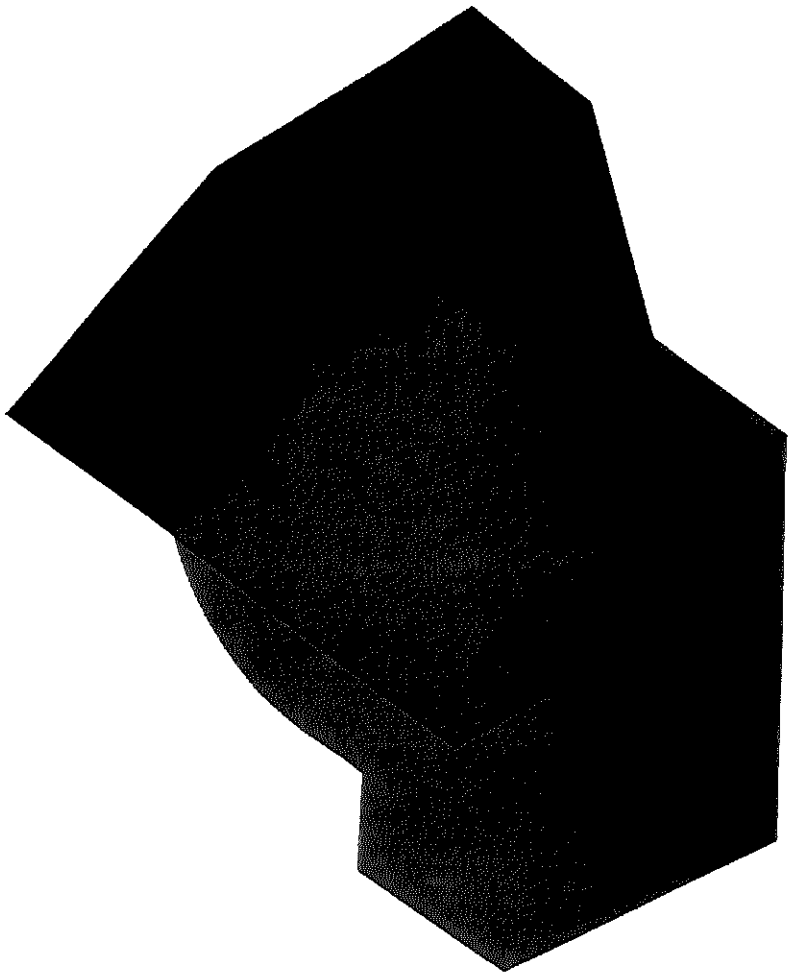
UHC Surest Enrollment Incentives:

Implementation credit equal to one month's premium ($92,626)

$7,000 Wellness credit



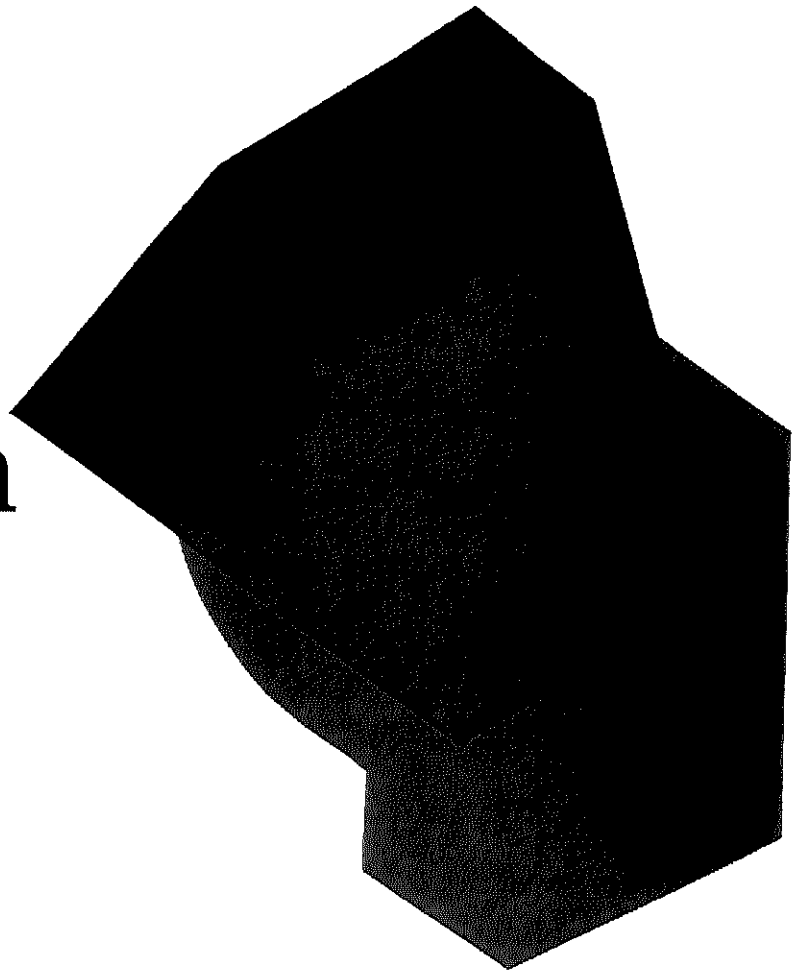
Dental Current and Renewal Plan Options



Dental Current and Renewal Plan Options

Carrier Name / Network Plan Name		Humana		Delta Dental	Ameritas	Principal	UHC Dental PPO	UHC Dental PPO
Dental Coverage Type		Current	Renewal	Alternate	Alternate	Alternate	Alternate	Alternate
Employee	18	$32.73	$36.00	$35.91	$31.64	$34.53	$18.23	$29.74
Employee Spouse	10	$65.46	$72.01	$69.23	$64.20	$69.06	$36.45	$59.48
Employee Child	11	$92.71	$101.06	$98.47	$86.36	$97.81	$43.21	$69.32
Family	31	$127.43	$139.07	$132.35	$118.92	$134.44	$64.77	$104.34
Monthly Dental Total		$6,213.88	$6,790.93	$6,524.70	$5,848.00	$6,555.69	$3,175.82	$5,127.18
Annual Dental Total		$74,566.56	$81,491.16	$78,296.40	$70,176.00	$78,668.28	$38,109.84	$61,526.16
% Difference from Current		9%		5%	-6%	6%	-49%	-17%
$ Difference from Current		$6,924.60		$3,729.84	-$4,390.56	$4,101.72	-$36,456.72	-$13,040.40
Rate Guarantee		1 Year		1 Year	1 Year	1 Year	1 Year	1 Year
Network		In-Network	Non-Network	In-Network / Non-Network				
Annual Deductible/Individual		$25		$25	$25	$25	$50	$50
Annual Deductible/Family		$75		$75		$75	$150	$150
Annual Plan Maximum (per person)		$1,500		$1,500	$1,500	$1,500	$1,000	$1,000
Waiting Period		None		None	None	None	None	None
UCR Percentile - Out of Network Only		Negotiated Fee Schedule		Negotiated Fee Schedule	90th percentile	90th percentile	MAC	90th percentile
Type I: Preventive Services								
Oral Exam		100%	100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
Routine Cleaning		100%	100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
X-Rays - Bite Wings		100%	100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%	100% / 100%
Type II: Basic Services								
Routine Fillings		90%	90%	90% / 90%	90% / 90%	90% / 90%	80% / 80%	80% / 80%
Oral Surgery		90%	90%	90% / 90%	90% / 90%	90% / 90%	50% / 50%	80% / 80%
Type III: Major Services								
Inlays, Onlays, Crowns		60%	60%	60% / 60%	60% / 60%	60% / 60%	50% / 50%	50% / 50%
Prosthodontics		50%	50%	50% / 50%	60% / 60%	60% / 60%	50% / 50%	50% / 50%
Implants		Not Covered		Not Covered	60% / 60%	60% / 60%	Not Covered	Not Covered
Endodontics		90%	90%	90% / 90%	90% / 90%	90% / 90%	50% / 50%	80% / 80%
Periodontics		90%	90%	90% / 90%	90% / 90%	90% / 90%	50% / 50%	80% / 80%
Type IV: Orthodontia								
Child Only/All Members		Children up to age 19		Children up to age 19	Children up to age 19	Children up to age 19	Not Covered	Not Covered
Lifetime Maximum		$1,500		$1,500	$1,500	$1,500	Not Covered	Not Covered
Orthodontia		50%	50%	50% / 50%	50% / 50%	50% / 50%	Not Covered	Not Covered

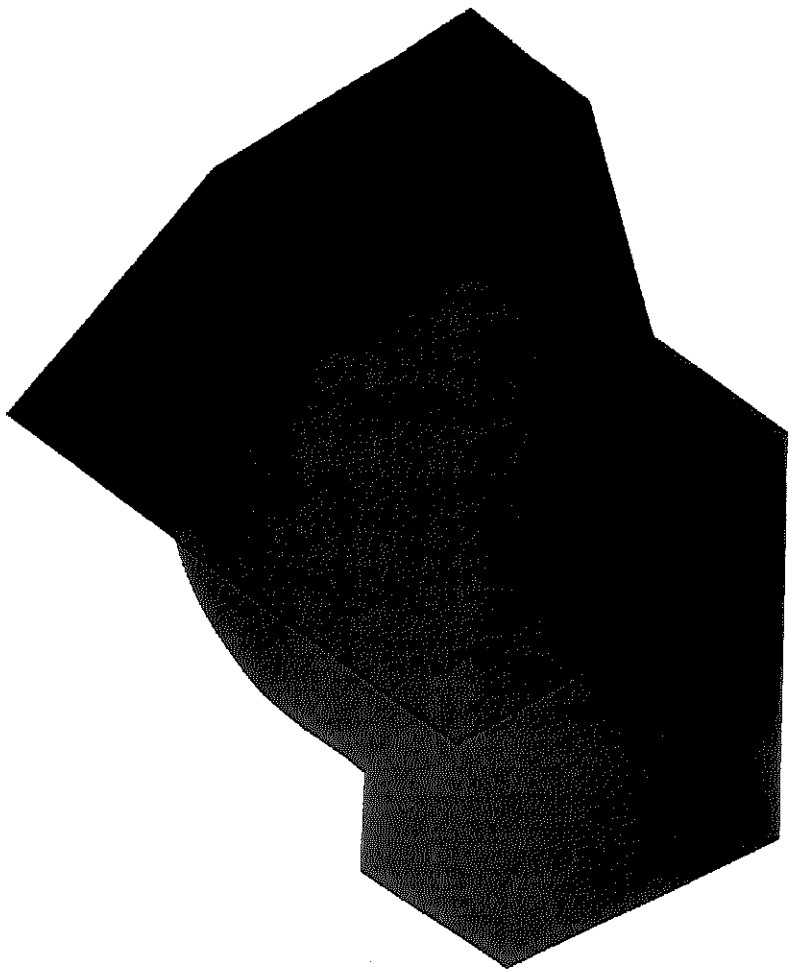
Vision Current and Renewal Plan Options



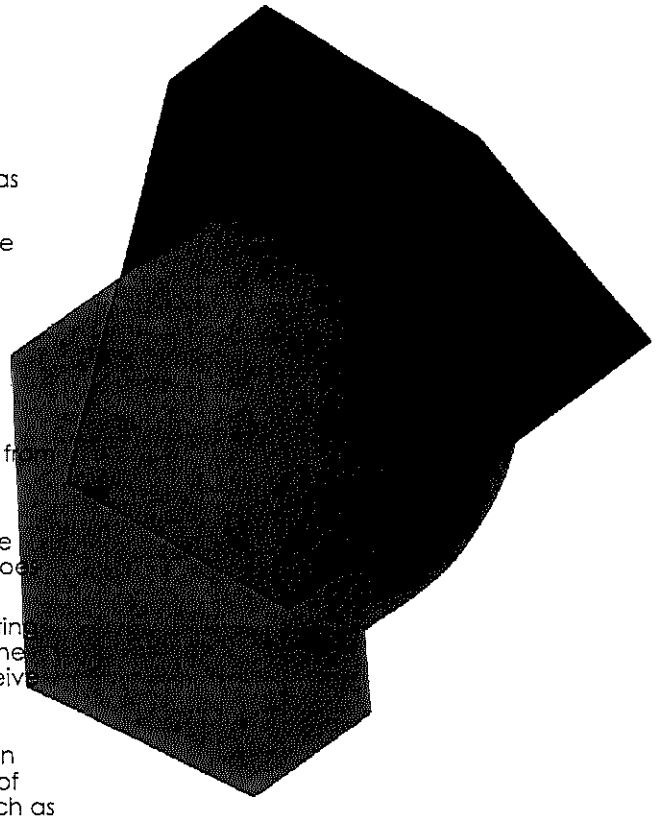
Vision Current and Renewal Plan Options

Carrier Name / Network Plan Name		Humana		EyeMed	Principal	UHC
Vision Coverage Type		Current	Renewal	Alternate	Alternate	Alternate
Employee	18	$7.75	$8.06	$7.39	$7.42	$5.10
Employee+Spouse	10	$15.50	$16.11	$14.78	$14.84	$9.69
Employee+Child	11	$14.73	$15.31	$14.05	$14.10	$11.37
Family	31	$23.14	$24.05	$22.07	$22.15	$16.00
Monthly Vision Total		$1,173.87	$1,220.14	$1,119.54	$1,123.71	$809.77
Annual Vision Total		$14,086.44	$14,641.68	$13,434.48	$13,484.52	$9,717.24
Percentage Difference from Current		3.94%		-4.63%	-4.27%	-31.02%
Dollar Difference from Current		$555.24		-$651.96	-$601.92	-$4,369.20
Rate Guarantee		1 Year		1 Year	1 Year	1 Year
Benefit Frequency		In-Network	Out - Of -Network	In-Network / Out - Of -Network	In-Network / Out-Of Network	In-Network / Out-Of Network
Examination		12 Months		12 Months	12 Months	12 Months
Lenses		12 Months		12 Months	12 Months	12 Months
Frames		24 Months		24 Months	24 Months	24 Months
Contact Lenses		12 Months		12 Months	12 Months	12 Months
Eye Examination		$10 Copy	Up to $30	$10 Copy / Up to $40	$10 Copay / Up to$45	$10 Copay / Up to$40
Lenses						
Standard Single Vision		$10 Copay	Up to $25	$10 Copay / Up to $30	$10 Copay / Up to $30	$25 Copay / Up to $40
Standard Bifocal		$10 Copay	Up to $40	$10 Copay / Up to $50	$10 Copay / Up to $50	$25 Copay / Up to $60
Standard Trifocal		$10 Copay	Up to $60	$10 Copay / Up to $70	$10 Copay / Up to $65	$25 Copay / Up to $80
Standard Lenticular		$10 Copay	Up to $100	$10 Copay / Up to $70	$10 Copay / Up to $100	$25 Copay
Frames						
		$160 + 20% off balance over $160	Up to $80	$160 + 20% off balance over $160 / Up to $80	$150 + 20% off balance over $150 / Up to $70	$130 + 30% off balance over $130 / Up to $45
Contact Lenses (materials only)						
Elective		160 + 15% off balance over $160	Up to $128	$160 / Up to $128	$150 / Up to $105	$130 / Up to $105
Medically Necessary		$0 Copay	Up to $210	$0 Copay / Up to $300	$10 Copay / Up to $210	$0 Copay / Up to $210

Disclaimer Conditions



RENEWAL PRESENTATION



1. This is intended to be a summary. Please refer to the proposal/contract for additional details. Every effort has been made to complete this summary as accurately as possible; contract provisions shall prevail.
2. Final rates are subject to plan election, actual enrollment, effective date of coverage, and the results of the underwriting process.
3. The data, analysis, descriptions, exhibits, and charts in this proposal are to support the conclusions and suggestions stated here. AssuredPartners NL is available to explain any item presented. It is assumed the recipients of this proposal will seek an explanation of anything that is not understood.
4. The information contained in this proposal may contain confidential information intended only for the individual or entity named. Any dissemination, distribution or copying of this summary is strictly prohibited.
5. DO NOT, under any condition, cancel your current insurance coverage without receiving written approval f the proposed carrier's home office.
6. Out of network providers are not contractually obligated to accept the usual, customary and reasonable (UCR) allowable amount as determined by the insurance carrier. The patient is responsible for any balance above the UCR amount in addition to co-pays, deductibles and co-insurance. The amount above UCR doe not accumulate toward the out of pocket maximums.
7. AssuredPartners agencies are licensed as insurance producers by the various States where we are transactin insurance, which includes the sale, solicitation, and servicing of insurance business, as well as advising on the relative benefits of certain insurance policies and risk management programs. Our agencies typically receiv compensation from insurers in the form of commissions paid as a percentage of the premiums due the applicable insurance companies. Commissions can vary by insurance company, by volume of business placed with that company or the profitability thereof, and other factors. In other cases, and depending on various State laws and the capacity in which our agency is acting, our agencies may receive other forms of compensation from insurers, insurance intermediaries, premium finance companies and other vendors; such as contingents, overrides, profit-sharing, premium finance fees, expense reimbursements, producer subsidies, award trips, meetings and other incentives. We also earn interest on premiums we hold until it is time to pay the applicable insurance companies.
8. Our overriding desire is to provide great customer service, having you, the customer, believe we have earned our compensation. We believe in full disclosure of our compensation. Accordingly, if you have any questions about the compensation we receive from your policies (including policies we propose to you), please just ask your account representative, who will gladly provide you a summary of our compensation arising from your policies (some estimation may be necessary, for example where contingents are involved).

Renewal 2025

Dear ERChealth Member-Company:

We would like to express our sincere gratitude to all our member companies and broker partners for entrusting ERChealth with the opportunity to support your efforts in managing health risks and controlling health insurance costs over the **past 25 years.**

ERChealth.

Below is a summary of key program highlights. For further resources, please refer to **ShareFile** (our electronic distribution site) for additional materials. You will receive a link to this information on **Friday, May 2nd**

Prevention Focus for the Future

With the changing dynamics of employer/employee relationships and the work environment, ERChealth is committed to offering meaningful opportunities for members to focus on prevention. Members have the choice of having the preventive services that make sense for them, at the right time. We offer a $100 reward through the Sydney Smart Rewards menu for wellness exams for enrolled employees and enrolled spouses! Additional prevention opportunities include rewards for appropriate cancer screenings.

In our new environment, enrolled employees and enrolled spouses can seek preventive care exams through various settings (in-person and virtually). While the gold standard for a preventive exam remains, in-person with a physician who sees you for all primary care needs, we believe an annual touch point through a virtual setting is better than none at all!

Anthem's PreventiveRx Plus

PreventiveRx covers drugs (150+ Rx) that may keep an individual healthy because they may prevent illness and other health conditions. Utilize the PreventiveRx Drug List provided in your suite of materials to promote this program with your enrolled members. This $0 cost share benefit should be positioned as a key benefit in your overall benefit offerings.

Return of Premium Surplus

Offering clients unique opportunities to save has always been a hallmark of the ERChealth program and continues through our return of premium surplus program. Groups with 12 months of mature experience with ERChealth will be eligible to receive a return of premium based on their individual annual claims experience to premium ratio. ERChealth will offer a premium credit of 25% of available surplus up to a maximum of 10% of premium. For specific parameters on the return of premium surplus arrangement, please refer to your Anthem Simple Refund Rider.

For those clients that qualified for a return of premium, the surplus illustrated in your renewal exhibit will be credited to your October 2025 invoice. For clients with multiple invoices, work with your broker partner and Anthem to apportion accordingly.

ERChealth Service and Support

ERChealth offers clients *and* members, a customer service experience, saving our busy HR professional's time! Service and Support focuses on addressing inquiries as well as providing enhanced member communications for ease. In our first nine months of providing this service, 45% of inquiries submitted were from our members!

Renewal Timeline

To ensure timely processing of your renewal, please follow the recommended timeline below.

April 29th – May 1st	Renewal Conferences
May 2nd – 30th	Discuss plan options with your broker & obtain alternate quotes from Anthem, if applicable.
June 2nd	Submit renewal plan confirmation to Anthem to ensure set up completion for 7/1. Decisions after 6/2 will be accepted.
June 2nd – July 31st	Open Enrollment for members.
July 1st	ERChealth Renewal effective date.

Fairfield Township

ERChealth July 1, 2025 Renewal
Summary of Experience January 1, 2024 - December 31, 2024

ERChealth

ERChealth Renewal

Renewal 4.58%

Rate Adjustment Detail

Renewal Increase Gross	6.58%
Renewal Credit Applied	2.00%
ERChealth Net Renewal	4.58%

Plan change costs outlined in Annual Cost Summary below

Final Rate Adjustment	4.58%
Surplus Refund Amount	$0

Annual Cost Summary

	Annual	Change	Variance
Current Premium	$1,170,210		
Renewal Premium	$1,223,785	$53,576	4.58%
Final Renewal	$1,223,785	$53,576	4.58%

Loss Ratio & Pooling

Medical Paid Claims	$201,126
Rx Paid Claims	$89,995
Total Paid Claims	$291,120
Paid Premium	$444,188
Gross Loss Ratio	**65.5%**

Dollars Exceeding $95,000 Pooling Point

Total Claim Dollars Removed:	$0
Net Loss Ratio:	**65.5%**

Surplus Renewal Refund Calculation

Is your Gross Loss Ratio equal to or below 80%*? Yes

Your organization did not qualify for a premium surplus for this renewal cycle, as you did not have 12 months of experience with ERChealth.

Medical Plans Offered

Illustrated below are your current plan offerings.

		12.0 Plan 7 Rx T2	12.0 Plan 7 Rx T2
	Enrolled	Current	Renewal
EE	17	$648.27	$677.95
ES	12	$1,562.32	$1,633.85
EC	12	$1,112.43	$1,163.36
F	27	$2,014.81	$2,107.05
	Annual	$1,170,210	$1,223,785
	Variance		4.58%

This illustration highlights your current rate, including Affordable Care Act (ACA) fees, and your final renewal rate after mandated benefit plan changes, if applicable. Annual totals are illustrative only.

Anthem

Fairfield Township
ENGAGEMENT AND VALUE ANALYSIS
2024 – 2025

Renewal Credit & High Claim Removal

0% Currently enrolled in PCP+

$4,250
2025 Renewal Credit Earned

$0
Claims Over Pooling Point Removed[1]

$0
2025 Return of Premium Bonus[2]

Steps Tracking	Health Assessment	Wellness Exam	Cancer Screening	Anthem Programs
7% Members Earned	34% Members Earned	33% Members Earned	10% Members Earned	0% Members Earned
$325 Total Earned[3]	$1,650 Total Earned[3]	$3,200 Total Earned[3]	$500 Total Earned[3]	$0 Total Earned[3]

Total Value Added: $14,965

Disclaimer: ERChealth attempts to ensure complete and accurate data. This data is an estimation that closely reflects company-specific activity and approximate incurred reward amounts to assist with Renewal discussions. Member-level data is not available.

[1]High Claims removed above your pooling point and premium paid during Jan. 2024 – Dec. 2024 period.

[2]Review your Anthem Simple Refund Rider-Loss Ratio for qualification details.

[3]Activity and rewards earned during July 2024 – March 2025 period.

Revised April 2025

Medical Insurance

Anthem medical plans offer freedom of choice with access to a large national network of physicians, hospitals, and health care professionals (clinics, labs, care centers, etc.). To find a network provider, visit www.anthem.com or call 1.800.331.1476.

To get the most out of your benefit plan, register online and take advantage of the easy-to-use tools and resources available to members.

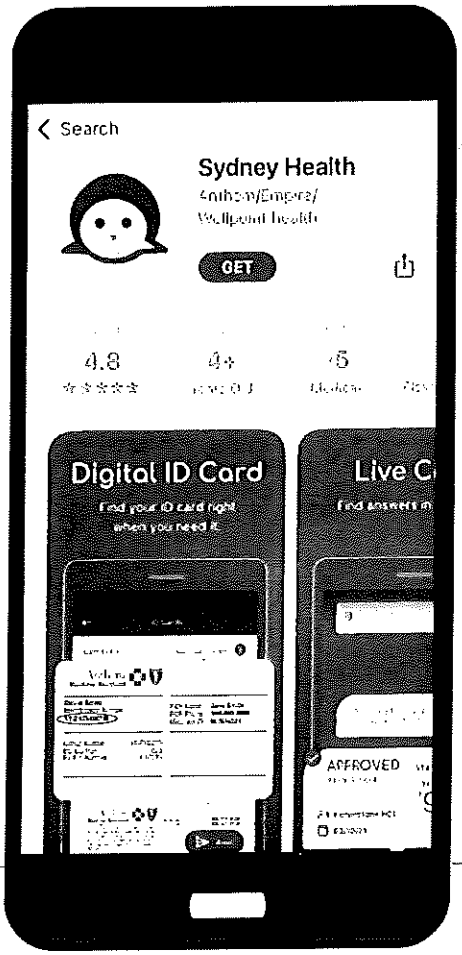
	In Network	Out of Network
Deductible *(Individual / Family)*	$1,500 / $3,000	$4,500 / $9,000
Out of Pocket Maximum *(Individual / Family)*	$3,800 / $7,600	$11,400 / $22,800
Physician Office Visits *Primary Care / Specialist*	$30 copay / $60 copay	50% after deductible
Telemedicine Visits	$30 copay / $60 copay	50% after deductible
Preventive Care	Covered in full	50% after deductible
Emergency Room Copay	$350 copay + 20% coinsurance	$350 copay + 20% coinsurance
Urgent Care Copay	$75 copay	50% after deductible
Inpatient & Outpatient Professional Services	20% after deductible	50% after deductible
Outpatient Surgery Hospital / Alternative Care Facility	$20 office visit copay, then 20% after deductible	50% after deductible
Prescription Drugs		
Retail 31 day supply *Tier 1 / 2 / 3* *Preferred Network* *In-Network*	$10 / $40 / $70 $20 / $50 / $80	50% Coinsurance
Retail 31 day supply *Tier 4* *Preferred Network* *In-Network*	25% up to $350 25% up to $450	50% Coinsurance
Mail Order 90 day supply *Tier 1 / 2 / 3 / 4* *Preferred Network Only*	$20 / $100 / $175 / 25% up to $350	Not Covered

Employee Payroll Deductions		
	Monthly	**Bi-Weekly**
Employee	$32.49	$15.00
Employee + Spouse	$78.31	$36.14
Employee + Child	$55.76	$24.74
Family	$100.99	$46.61

Anthem Sydney App

All of your ERChealth and Anthem benefits in one place!

Instantly access your personalized technology through this central hub and view your Anthem benefit information, text a Health Guide, earn rewards, and much more.



Anthem Health Guide helps you navigate the health care system by simplifying the health care experience and providing a seamless transition from service to care. They can assist with health insurance questions, discuss eligible programming, and assist with making member appointments.

Connect with a Health Guide by calling the Member Services number on the back of your Anthem ID, instant message via Anthem.com, or text via the Sydney app.

Take care of yourself
Use your preventive care benefits

Anthem

Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why our health plans offer all the preventive care services and immunizations below at no cost to you.[1] As long as you use a plan doctor, pharmacy or lab, you will not have to pay anything. If you go outside the plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive vs. diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[2]
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening[3]
- Eye chart test for vision[4]
- Hearing screening
- Height, weight and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[5]
- Obesity: related screening and counseling[3]
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[6,7,8]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression[7]
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what is right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

See next page for more preventive care benefits.

Child preventive care

Preventive physical exams

Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit[1]

Immunizations

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and the following pharmacy items, you must:

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the OTC items).

Adult preventive drugs and other pharmacy items — age appropriate

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Pre-exposure prophylaxis (PrEP) for the prevention of HIV

Child preventive drugs and other pharmacy items — age appropriate

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5 years
- Fluoride supplements for children ages 6 months to 16 years

Women's preventive drugs and other pharmacy items — age appropriate

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides[7]
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria[2,9]

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flyer at anthem.com/pharmacyinformation.

Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CarelonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000* Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000* pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CarelonRx Mail home delivery is also available as a preferred pharmacy option.

How to find a pharmacy in the Rx Choice pharmacy network

- Log on to **anthem.com** or the Sydney℠ Health mobile app, and choose **Order and Manage Prescriptions**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

Choose CarelonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on **anthem.com** or the Sydney Health mobile app.

We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

Anthem

* IngenioRx data, 2022.

Services provided by CarelonRx, Inc.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022

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Smart Rewards

$300 Max Per Enrolled Employee & Enrolled Spouse

Annual Well Exam or Annual Well Woman Exam

$100 per plan year

Completing an annual well exam or well woman exam is an essential step in understanding your health and building an on ongoing relationship with your primary care physician.

Preventive Cancer Screenings

$50 per plan year

Get rewarded for completing one of the following preventive cancer screenings: mammogram, colorectal screening, prostate screening, and skin cancer screening.

ConditionCare

$100 per plan year

If you're dealing with a chronic condition like asthma or diabetes, you can get one-on-one help from a health care professional to help you manage your health and reach your goals.

Steps Tracking

$25 per month

Employees and spouses can earn up to $25 per month for meeting a minimum of 240,000 steps. Keep track manually or by linking a wearable device or app.

Future Moms

$75 per plan year

Get personal support from a registered nurse who can help pregnant moms make good choices and have a safe delivery and healthy baby.

Health Assessment

$50 per plan year

Receive a reward for completing your Health Assessment by answering questions about your overall health, medical history, diet, and exercise.

Well-being Coach

$100 per plan year

A live health coach motivates and supports you through making meaningful changes towards quitting smoking or weight management.

ERC Health Meeting
4/30/25. 1-3 PM.

Wellbeing Initiative

83% would consider leaving if their well being is not being considered.

If you add dental, vision to health you get a $500.00 credit for each.

If a claim is filed, they have a notification that will remind the employee to file a credit for the wellness benefit on accident & critical illness.
3 yr rate guarantee — all 3 products need to be sold to get the credit.

Effective 7/1/25 all will be included w/ renew.
- accident plans
- critical illness
- hospital indemnity

Employee navigator — free

rewards must be redeemed by 9/30/25.

Marathon Health
can use their app to schedule apts.
— Springdale Town Center SW Ohio location.

will get an email from Sharefile about materials today.

Condition Care —
Digital Care Management
Sydney Health app
Emotional Wellbeing Resources
Airrosti — MSK Challenge
Employer Health Hub.

$$\frac{\text{Incurred claims}}{\text{claims over pooling pr}} = \text{net loss ratio} + \text{risk}$$
premium paid

credit on Oct billing
25% of surplus up to 10% of prem. returned.

return of premium surplus = need at least 12 months exp.

Assured Partners — May 20, 2025

Humana to Anthem

* Anthem ERC program no increase
  - passed along the app clunky. / not user friendly.
  - no surplus this year.
  - willing to look at no increase if we can continue.

will quote noom.

Marquee health $2.50 per wellness / diet coaching /
* UHC (-5%) surest program / copays wellness component.
Signa - declined to quote
MMO - declined to quote

enhanced drug list preventative
common drug lists that are zero that prevent disease.
- share list again

Aetna 11% over current — need data
Cromdale 14.2% SF — max funding is our premium.
Roundstone self funded & funds yungo
Christ Hos. Comm Plan
  - med. insurance bureau (one person has a condition)

no detail claims - just numbers in / out.

Cancelled
Humana Life - asked for a refund
(controlled by Ass. Partners).
carrier connect vs navigator (zero cost)
ADP charges a connect fee
employee driven