New Hanover Township
2017 Budget Meeting
November 7, 2016
6:30 pm

- **Call to Order**

- **Announcements** – Chairman Philip Agliano

  Meeting Announcements

  i. Tonight's meeting is a working session of the Board of Supervisors and Township staff to discuss the proposed 2017 Budget. The public is welcome to observe the budget preparation process.
  ii. Public comments from the floor will be addressed at the end of the meeting or prior to any vote.
  (1) One person speaks at a time.
  (2) Five minute time limit with more time at the discretion of the Chairperson
  (3) Taping?

- **2017 Budget Discussion**

  - Departmental Budget Reviews

  - Additional Budgetary Items

- **Pension Plan Consultant**—A motion to approve the appointment of a pension plan consultant.

- **Health Insurance Program**—A motion to approve the renewal of the township employee health insurance program/health reimbursement program

- **Additional Business**

- **Comments**

- **Executive Session (if required)**

- **Adjournment**

UNIVEST MUNICIPAL PENSION SERVICES

New Hanover Township

Pension Services – October 18, 2016

Michael G Davisson, MBA, Vice President
Barry W Keck, MBA, Vice President
Ronald H Bittner, CPA, Vice President

Univest's services are provided by TCB Investment Advisory, Inc. Univest only accepts PA Municipal Pension Plans that are under the purview of Pennsylvania State Law, namely the Municipal Pension Plan Funding Standard and Recovery Act 205 as well as the Police Pension Fund Act 600. Investment products are offered through Univest Investments, Inc., a registered broker dealer. Member FINRA, SIPC. Securities products are not FDIC insured, are not a deposit of or bank guaranteed, and are subject to risks, including possible loss of principal amount invested.

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UNIVEST MUNICIPAL PENSION SERVICES

Univest Corporation

- 1876 – 140 years
- Univest Pensions (Wealth Management Division)
- 50 Offices in Pennsylvania
- $2.8B Corporate Assets/$3.1B Investment Assets
- UVSP – Nasdaq

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Univest Investment Management Services

- Dedicated Experienced Management Team
- Numerous Investment Research Firms
- Disciplined Structured Process
- Customized Investment Policy Statements
- Strict Risk Management Procedures
- Scheduled Reporting with Committee Members

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Univest Municipal Pension Services

- "Only PA Municipal Pension Plans"
- Breadth of Services
- Asset/Liability Modeling
- Long-Term Expected Returns vs Assumptions

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UMPS Investment Management Fee Schedule

For New Hanover Township

0.45%	on first	$2,000,000
0.35%	on next	$3,000,000
0.25%	on next	$5,000,000
0.20%	over	$10,000,000

$5,600,588 at 0.375% = $21,001

Mutual Fund Expense Ratio	**0.34%**
Actuarial Fee	**$1,400 per plan/per year**
Administrative Fee	**$4,600 per plan/per year**

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UNIVEST MUNICIPAL PENSION SERVICES

Municipality Client References

Doylestown Borough, Bucks County

East Hempfield Township, Lancaster County

Limerick Township, Montgomery County

Lower Salford Township, Montgomery County

Souderton Borough, Montgomery County

Wyomissing Borough, Berks County

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New Hanover Township

Independence Blue Cross Renewal & Alternative Options

Effective December 1, 2016

	Current (discontinued)	Mapped	Option 1	NEW Option 2	NEW Option 3
	Personal Choice PPO Bronze HSA Premier	Personal Choice PPO Bronze HSA 4,000 50%	Personal Choice PPO Bronze HSA $6,550/100%	Personal Choice PPO Silver HSA $2,400/90%	Keystone DPOS Silver Secure $3,500 $40/$80/$600
Plan Type	PPO	PPO	PPO	PPO	DPOS
Referrals Required?	No	No	No	No	SOME
BENEFITS PER CALENDAR YEAR					
Deductible Individual / Family	$4,000/$8,000	$4,000/$8,000	$6,500/$13,100	$2,400/$14,800	$3,500/$7,000
Coinsurance	50%	50%	0%	10%	0%
Out-of-Pocket Max Individual / Family	$6,450/$12,900	$6,550/$13,100	$6,500/$13,100	$6,550/$13,100	$6,850/$13,700
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PREVENTIVE SERVICES					
Preventive Care for Adults and Children	$0	$0	$0	$0	$0
Mammogram	$0	$0	$0	$0	$0
Routine Gyn Exam/PAP Test (1 per calendar year)	$0	$0	$0	$0	$0
Pediatric Immunizations	$0	$0	$0	$0	$0
PHYSICIAN SERVICES					
Primary Care office Visit	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$40
Specialist Office Visit	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$80
Routine Eye Exam	$0 (1 visit per cal yr) after deductible	$0 (1 visit per cal yr), no deductible	$0 (1 visit per cal yr), no deductible	$0 (1 visit per cal yr)	$0 (1 visit per cal yr)
Spinal Manipulations (20 visits/year)	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$80
Physical/Occupational Therapy (30 visits/calendar year)	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$80
HOSPITAL/OTHER MEDICAL SERVICES					
Inpatient Hospital Services	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$600 per day/ 5 day max after deductible
Emergency Room (not waived if admitted)	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$300 after deductible
Outpatient Surgery - Ambulatory Surgery Center	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$600 after deductible
Outpatient Surgery - Hospital-Based	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$600 after deductible
Routine Radiology/Diagnostics	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$60
MRI/MRA, CT/CTA Scans, PET Scans	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$250
Durable Medical Equipment/Prosthetics	50% after deductible	50% after deductible	0% after deductible	10% after deductible	50% after deductible
Outpatient Mental Health, Substance Abuse	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$80
Inpatient Mental Health, Substance Abuse	50% after deductible	50% after deductible	0% after deductible	10% after deductible	$600 per day/ 5 day max after deductible
OUT-OF-NETWORK BENEFITS					
Deductible Individual / Family	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$10,000/$20,000	$7,500/$1520,000
Coinsurance	50%	50%	50%	50%	50%
Coinsurance Limit	$20,000/$40,000	$20,000/$40,000	$20,000/$40,000	$20,000/$40,000	$25,000/$540,000
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PRESCRIPTION DRUG	Mandatory Generics*	Mandatory Generics*	Mandatory Generics*	Mandatory Generics*	Mandatory Generics*
Prescription Deductible Individual / Family	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	None
Generic Formulary Copay	$7	$7	0% after deductible	$7	$7
Brand Formulary Copay	$40	$50	0% after deductible	$50	$60
Non-Formulary Copay	$60	$100	0% after deductible	$100	$150
	N/A	50% up to $1,000 max per Rx	0% after deductible	50% up to $1,000 max per Rx	50% up to $1,000 max per Rx
Prescription Mail Order	2x copay for 90 day supply	2x copay for 90 day supply	2x copay for 90 day supply	2x copay for 90 day supply	2x copay for 90 day supply
PREMIUMS					
Monthly Premium	$18,252	$18,804	$20,043	$28,235	$24,992
Annual Premium	$219,024	$225,652	$240,520	$338,821	$299,903
Renewal Increase %	-	3%	10%	55%	37%
Annual Premium Change	-	$6,628	$21,496	$119,797	$80,879
COMPOSITE RATES					
Employee	$340.52	$350.82	$373.94	$526.77	$466.27
Employee\Child(ren)	$749.15	$771.81	$822.66	$1,158.90	$1,025.79
Employee\Spouse	$646.99	$666.56	$710.48	$1,000.87	$885.91
Family	$1,021.57	$1,052.46	$1,121.81	$1,580.32	$1,398.81

***Must use FutureScripts in network pharmacy. Walgreens and Rite Aid are considered out of network.**