Bethel Township Board of Trustees
July 25, 2026 at 1:30 P.M.
Emergency Business Meeting Agenda

I. **CALL TO ORDER** Time: _____ Presiding: _____
Roll call: Fiscal Officer Ross: _____
Trustee Wilkerson: _____ Trustee Reese: _____ Trustee Dick: Dial-in
Assistant to the Fiscal Officer Fortunato: _____

II. **PLEDGE OF ALLEGIANCE**

III. **PUBLIC COMMENTS** on items on the agenda

IV. **DISCUSSION ITEMS**
A. Healthcare provider

Insurance Company	Aetna - Current		Aetna - Renewal		Anthem		Anthem	
Plan Name	AFA CPOSII 5500 100/50 HSA		AFA CPOSII 5500 100/50 HSA		SOCA MEWA 5000 HSA		SOCA MEWA 4000 HSA	
Health Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Single Deductible	$5,500	$10,000	$5,500	$10,000	$5,000	$15,000	$4,000	$12,000
Family Deductible	$11,000	$30,000	$11,000	$30,000	$10,000	$30,000	$8,000	$24,000
Coinsurance %	100%	50%	100%	50%	100%	50%	100%	50%
Single Out-Of-Pocket Max	$7,500	$20,000	$7,500	$20,000	$8,000	$24,000	$7,500	$22,500
Family Out-Of-Pocket Max	$15,000	$60,000	$15,000	$60,000	$16,000	$48,000	$15,000	$45,000
Doctor Office Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
Specialist Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
Urgent Care Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
ER Copay	Deductible + 0%		Deductible + 0%		Deductible + 0%		Deductible + 0%	
RX Generic Copay	Deductible + $10		Deductible + $10		Deductible + $15		Deductible + $15	
RX Preferred Brand Copay	Deductible + $50		Deductible + $50		Deductible + $45		Deductible + $45	
RX Nonpref Brand Copay	Deductible + $100		Deductible + $100		Deductible + $95		Deductible + $95	
Network	Aetna CPOSII		Aetna CPOSII		Blue Access PPO		Blue Access PPO	
Website	www.aetna.com		www.aetna.com		www.anthem.com		www.anthem.com	
CENSUS & RATES								
Employees	Census	Rate	Census	Rate	Census	Rate	Census	Rate
Campbell	M/38/EE	$918.02	M/38/EE	$998.65	M/38/EE	$716.62	M/38/EE	$777.16
Franklin	M/48/FF	$2,926.83	M/48/FF	$3,233.18	M/48/FF	$2,212.21	M/48/FF	$2,399.09
Reese	F/65/EE	$918.02	F/65/EE	$998.65	F/65/EE	$716.62	F/65/EE	$777.16
Williams	M/54/EE	$918.02	M/54/EE	$998.65	M/54/EE	$716.62	M/54/EE	$777.16
Monthly Premium	$5,680.89		$6,229.13		$4,362.07		$4,730.57	
Monthly SOCA Fees	$0.00		$0.00		$12.00		$12.00	
Total Monthly Cost	$5,680.89		$6,229.13		$4,374.07		$4,742.57	
Annual HSA Contribution	$22,950.00		$22,950.00		$22,950.00		$22,950.00	
Total Annual Cost	$91,120.68		$97,699.56		$75,438.84		$79,860.84	
Percentage Change	Current		7.22%		-17.21%		-12.36%	

Insurance Company	Aetna - Current		Aetna - Renewal		Anthem		Anthem	
Plan Name	AFA CPOSII 5500 100/50 HSA		AFA CPOSII 5500 100/50 HSA		SOCA MEWA 3400 HSA		SOCA MEWA 3000 HSA	
Health Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Single Deductible	$5,500	$10,000	$5,500	$10,000	$3,400	$10,200	$3,000	$9,000
Family Deductible	$11,000	$30,000	$11,000	$30,000	$6,800	$20,400	$6,000	$18,000
Colnsurance %	100%	50%	100%	50%	100%	50%	100%	50%
Single Out-Of-Pocket Max	$7,500	$20,000	$7,500	$20,000	$7,000	$21,000	$3,500	$10,500
Family Out-Of-Pocket Max	$15,000	$60,000	$15,000	$60,000	$14,000	$42,000	$7,000	$21,000
Doctor Office Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
Specialist Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
Urgent Care Copay	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%	Ded + 0%	Ded + 50%
ER Copay	Deductible + 0%		Deductible + 0%		Deductible + 0%		Deductible + 0%	
RX Generic Copay	Deductible + $10		Deductible + $10		Deductible + $15		Deductible + 0%	
RX Preferred Brand Copay	Deductible + $50		Deductible + $50		Deductible + $45		Deductible + 0%	
RX Nonpref Brand Copay	Deductible + $100		Deductible + $100		Deductible + $95		Deductible + 0%	
Network	Aetna CPOSII		Aetna CPOSII		Blue Access PPO		Blue Access PPO	
Website	www.aetna.com		www.aetna.com		www.anthem.com		www.anthem.com	
CENSUS & RATES								
Employees	Census	Rate	Census	Rate	Census	Rate	Census	Rate
Campbell	M/38/EE	$918.02	M/38/EE	$998.65	M/38/EE	$825.80	M/38/EE	$842.41
Franklin	M/48/FF	$2,926.83	M/48/FF	$3,233.18	M/48/FF	$2,549.24	M/48/FF	$2,600.52
Reese	F/65/EE	$918.02	F/65/EE	$998.65	F/65/EE	$825.80	F/65/EE	$842.41
Williams	M/54/EE	$918.02	M/54/EE	$998.65	M/54/EE	$825.80	M/54/EE	$842.41
Monthly Premium	$5,680.89		$6,229.13		$5,026.64		$5,127.75	
Monthly SOCA Fees	$0.00		$0.00		$12.00		$12.00	
Total Monthly Cost	$5,680.89		$6,229.13		$5,038.64		$5,139.75	
Annual HSA Contribution	$22,950.00		$22,950.00		$22,950.00		$22,950.00	
Total Annual Cost	$91,120.68		$97,699.56		$83,413.68		$84,627.00	
Percentage Change	Current		7.22%		-8.46%		-7.13%	

V. **ACTION ITEMS**

A. **RESOLUTION #26-07-075:** A RESOLUTION SELECTING ANTHEM PLAN SOCA MEWA 5000 HSA FOR HEALTHCARE COVERAGE FOR TOWNSHIP OFFICIALS AND FULL TIME EMPLOYESS, UNDER THE AUTHORITY OF SECTION 505.60 OF THE OHIO REVISED CODE AND AUTHORIZING THE TOWNSHIP ADMINISTRATOR TO EXECUTE SAID CONTRACT ON BEHALF OF THE BOARD OF TRUSTEES

Motioned by Trustee _____ Seconded by Trustee _____

Vote: Trustee Dick: Dial-in Trustee Wilkerson: _____ Trustee Reese: _____

VI. **MOTION TO ENTER INTO EXECUTIVE SESSION**

Motion to enter into executive session for the purpose of conferencing with an attorney for the public body concerning disputes involving the public body that are the subject of pending or imminent court action.

Motioned by Trustee _____ Seconded by Trustee _____

Vote: Trustee Dick: Dial-in Trustee Wilkerson: _____ Trustee Reese: _____

Time in Executive Session: _____

Return to regular session time: _____

VII. **ADJOURNMENT** motioned by Trustee _____ Seconded by Trustee _____

Vote: Trustee Dick: Dial-in Trustee Wilkerson: _____ Trustee Reese: _____

Time: _____

RESOLUTION #26-07-075

A RESOLUTION SELECTING ANTHEM PLAN SOCA MEWA 5000 HSA FOR HEALTHCARE COVERAGE FOR TOWNSHIP OFFICIALS AND FULL TIME EMPLOYESS, UNDER THE AUTHORITY OF SECTION 505.60 OF THE OHIO REVISED CODE AND AUTHORIZING THE TOWNSHIP ADMINISTRATOR TO EXECUTE SAID CONTRACT ON BEHALF OF THE BOARD OF TRUSTEES

The Bethel Township Board of Trustees, Bethel Township, Miami County, Ohio met in special session on the 25th day of July, 2026 with the following Trustees being present: Julie Reese and Josh Wilkerson. Trustee Kama Dick attended remotely via telephone dial-in.

Trustee _____ **moved for the adoption** of the following resolution:

WHEREAS, the Bethel Township Board of Trustees, Bethel Township, Miami County (the "Board") are permitted to provide such benefits to their full time employees and elected officials, through section 505.60 of the Ohio Revised Code; **AND**

WHEREAS, the Board, based on information provided by the SEBO group, has identified Anthem plan SOCA MEWA 5000 HSA as the best and most cost effective option for providing coverage to the Township. **THEREFORE**

BE IT RESOLVED, by the Bethel Township Board of Trustees, Bethel Township, Miami County, Ohio that:

SECTION 1. Anthem will be the provider of health insurance services to the elected officials and full time employees of the Bethel Township Board of Trustees, Bethel Township, Miami County.

SECTION 2. The administrator of the Board is authorized to execute the contract on behalf of the Bethel Township Board of Trustees.

SECTION 3. The costs for these services shall be paid out of the respective fund(s) as deemed appropriate by the Fiscal Officer of Bethel Township, Miami County.

SECTION 4. Effective August 1, 2026, all Bethel Township elected officials and eligible employees who opt into Township offered health insurance will be covered under the Anthem SOCA MEWA 5000 HSA plan.

SECTION 5. Contributions to covered township elected officials and full time employees' HSA accounts shall be equivalent to the IRS HSA maximum contribution limits. For the 2026 calendar year, this shall be $4,400 for a single plan and $8,750 for a family plan or employee spouse or employee child plan. Also for the 2026 calendar year, for those employees that are age 55 and older, an additional $1,000 shall be added to the contribution. Those employees who are enrolled in Medicare at the time of disbursement shall not receive the HSA contribution.

SECTION 6. For covered elected officials and full time employees who are enrolled in Medicare and are also participating in the Township's HRA option as set forth in Resolution #24-02-029, the unused portion of the HRA shall roll over from year-to-year until such date as the official or employee leaves Township employment. In the case where the covered official or employee passes away and is participating in a family plan, the remaining HRA balance will be available for previously or newly incurred medical expenses to the covered surviving family members until the end of the month in which the official or employee passes.

Trustee _____ **seconded** the motion and the Board voted as follows upon roll call:

Vote:	Trustee Kama Dick	_____	_____
	Trustee Julie Reese	_____	_____
	Trustee Josh Wilkerson	_____	_____

Attest: _____
Rhonda Ross, Fiscal Officer
Bethel Township, Miami County, Ohio