

MEMORANDUM

TO: MIRA OS & HR Committee

FROM: Jim Hayden, OS & HR Committee Chairperson

DATE: June 9, 2022

RE: Notice of OS & HR Committee Special Meeting

There will be a Special Meeting of the Organizational Synergy and Human Resources Committee of the Materials Innovation and Recycling Authority (MIRA) Board of Directors on Wednesday, June 15, 2022 at 8:30 a.m. Members of the public may attend the meeting in person (mask required) in the Board Room at 200 Corporate Place, Suite 202, Rocky Hill CT. 06067 or telephonically by calling (929) 205-6099, entering meeting ID 863 0196 3561#, and then entering the password 971468 # when prompted.

The purpose of the meeting will be the following matters:

- I. Pledge of Allegiance.
- II. Public Comment (3 minutes per speaker).
- Recommended Resolution Regarding Renewal of the Employee Benefit Program.

If you will be unable to attend, please notify Laurie Hunt (lhunt@ctmira.org) immediately.

ce: Don Stein, Chairman Laurie Hunt, Esq. Tom Kirk, President Peter Egan, Director of Operations Mark Daley, CFO

Recommended RESOLUTION REGARDING RENEWAL OF THE EMPLOYEE BENEFIT PROGRAM

RESOLVED: That the Board of Directors authorizes the renewal of MIRA's employee benefit plans with the incumbent providers – Connecticut Partnership 2.0 Plan (medical), Ameritas (vision), and MetLife (dental, life, and disability) – for the period from July 1, 2022 through June 30, 2023.





Medical Plan Renewal July 1, 2022

Carrier:	Connecticut P	artnership
Plan Name:	State 2.0	
Metallic Level:	Gold	
Plan Type:	PPO	
PCP/Spec:	\$25 / \$50	
Inpatient Hospital:	Ded,/ 0%	
IN/OON Ind Ded:	\$350/\$1400	
IN/OON Ind OOPM:	\$2,000/\$4,000	
IN/OON Coins.:	N/A	
IN Prescription:	\$350 Ded; then \$5/\$10, \$25, \$40	
Total Premium Total Annual Premium Annual Change Renewal Increase	\$30,287.86 \$363,454.32	\$33,462.61 \$401,551.32 \$38,097.00 10,48%





Dental Plan Renewal July 1, 2022

Company		PPI/M	letLife
Network		In	Out
Indi vidua l Deductible		\$0	\$50
Family Ded uctible		\$0	\$150
Deductible Waived for Preventive		N/A	Yes
Preventive Services			
Oral Exams		100%	100%
Cleanings		100%	100%
Child Fluoride		100%	100%
X-rays		100%	100%
Basic Services			
Fillings		100%	80%
Endodontics		100%	80%
Extractions		100%	80%
Oral Surgery		100%	80%
Periodontics		100%	80%
Repair and Relining of Der	ntures	100%	80%
Major Services			
Crowns		60%	50%
Fixed and Removable Dent	tures	60%	50%
Bridges		60%	50%
Anesthesia/IV Sedation		60%	50%
Orthodontia			
Child Orthodontia		50%	50%
Orthodontia Lifetime Max	imum	\$2,0	000
Miscellaneous			
Rate Guarantee		1 Y	ear
Calendar Year Maximum		\$1,7	750
UCR Percentage		Negotiated	80%
Coverage Tier	Lives	Current	Renewal
Employee Only	7	\$64.41	\$65.70
Employee + Spouse	2	\$131.68	\$134.31
Employee + Child(ren)	7	\$145.97	\$148.89
Family	7	\$227.99	\$232.55
Waivers	0	\$0.	00
Monthly Total Premium		\$3,331.95	\$3,398.60
Percent Change			2.00%
Total Annual Premium		\$39,983.40	\$40,783.20





Vision Plan Renewal July 1, 2022

	July 1		
Carrier		Ameritas	
Services		In Network	Out of Network
Deductibles			
Exams		\$	15
Frames & Lenses		\$	15
Frequency:			
Exams		12 M	onths (
Frames		12 M	lonths
Lenses		24 Months	
Annual Eye Exam		100%	Up to \$52
Frames		\$120	Up to \$45
Lenses:			
Single lenses		100%	Up to \$55
Bifocal lenses		100%	Up to \$75
Trifocal lenses		100%	Up to \$95
Lenticular lenses		100%	Up to \$125
Contact Lenses Necessary		100%	Up to \$210
Contact Lenses Elective		Up to \$105	Up to \$105
Rate Guarantee		13	Year
Coverage Tier	Lives	Current	Renewal
Employee Only	6	\$12.52	\$12.52
Employee + One	9	\$21.60	\$21.60
Family	8	\$29.80	\$29.80
Waivers	0		0.00
Monthly Total Premium		\$507.92	\$507.92
Percent Change		0.0	00%
Total Annual Premium		\$6,095.04	\$6,095.04





Life / AD&D Plan Renewal July 1, 2022

Company	Current / Renewal PPI / MetLife
Class Description	All Full Time Employees
Benefit	2 x Salary
Maximum	\$500,000
Guarantee Issue Amount	\$375,000
Participation	100% - Non-Contributory
Living Benefit	80% of Life Amount
Disability Waiver	Included - To Age 65
Rate Guarantee	1 Year
Reduction Schedule	35% at Age 65
	60% at Age 70
	75% at Age 75
	Current / Renewal Rates
Total Employees	23
Volume	\$5,077,333
Current Rate/\$1,000	\$0.160
Current Premium	\$594.22
Total Many blu Duaminus	
Total Monthly Premium	\$594.22
Percent Change	0.00%
Total Annual Premium	\$7,130.64





Voluntary Life / AD&D Renewal July 1, 2022

Company	Current / Renewal PPI / MetLife	
	111) Metage	
Class Description	All Full Time Employees	
Employee Benefit	5 x Salary / \$500,000	
Increments	\$10,000	
Spouse Benefit	50% of Emp. Ben. / \$100,000	
Increments	\$5,000	
Child Benefit	\$1,000 / \$2,000 / \$4,000 /	
	\$5,000 / \$10,000	
Increments	N/A	
Living Benefit	80% of Life Amount	
Disability Waiver	Included - To Age 65	
Rate Guarantee	1 Year	
Reduction Schedule	N/A	
GI Amount Employee	\$50,000	
GI Amount Spouse	\$25,000	
GI Amount Child	\$10,000	
Rate/\$1,000	Age Rated	
Current Premium	\$315.61	
Percent Change	0.00%	

^{*}Note: Rates do not change. Billed amount may change based on changes in age bands.





Short Term Disability Plan Renewal July 1, 2022

Company	Current / Renewal PPI / MetLife	
Class Description	All Full Time Employees	
Weekly Benefit	66 2/3% of Weekly Earnings	
Maximum Benefit	\$2,500	
Elimination Period	1st Day for Accident	
	8th Day for Sickness	
Benefit Duration	25 Weeks	
Definition of Disability	Partial	
Pre-Existing Conditions	N/A	
Participation	100% - Non-Contributory	
Maternity Covered	As any other sickness	
Rate Guarantee	1 Year	
	Current / Renewal Rates	
Total Employees	23	
Total Covered Payroll	\$33,520	
Proposed Rate/\$10	\$0.390	
Proposed Premium	\$1,307.28	
Total Monthly Drawing		
Total Monthly Premium	\$1,143.57	
Percentage Change	0.00%	
Total Annual Premium	\$13.722.84	





Long Term Disability Plan Renewal July 1, 2022

Company	Current / Renewal PPI / MetLife	
Class Description	All Full Time Employees	
Monthly Benefit	70% of Monthly Earn.	
Maximum Monthly Benefit	\$10,000	
Elimination Period	180 Days	
Benefit Duration	RBD w/ SSNRA	
Definition of Disability	Partial	
Pre-Existing Limitation	3/12	
Own Occupation	24 Months	
Residual	Included	
Participation	100% - Non-Contributory	
SS Integration Method	Full Family	
Mental/Nervous Limitation	24 Months	
Survivor Benefit	3 x Monthly Amount	
Rate Guarantee	1 Year	
	Current / Renewal Rates	
Total Employees	23	
Total Covered Payroll	\$214,164	
Proposed Rate/\$100	\$0.422	
Proposed Premium	\$903.77	
Administration Fee	\$0.00	
Total Monthly Premium	\$786.21	
Per cent Change	0.00%	
Total Annual Premium	\$9,434.52	