



Town of Amherst, NH
BOARD OF SELECTMEN AGENDA
Barbara Landry Meeting Room
2 Main Street
MONDAY, DECEMBER 11, 2023 6:00 PM

- 1. Call to Order**
- 2. Non-Public Session**
 - 2.1. NH RSA 91-A:3 II (I) Consideration of legal advice provided by legal counsel, either in writing or orally, to one or more members of the public body, even where legal counsel is not present.
- 3. Pledge of Allegiance**
- 4. Citizens' Forum**
- 5. Public Hearing**
 - 5.1. RSA 31:95-b:III (a), Unanticipated Money
- 6. Scheduled Appointments**
 - 6.1. Conservation Commission, Rob Clemens: Proposed Warrant Article presentation
 - 6.2. Chris Buchanan, Bicycle/Pedestrian Committee
- 7. Administration**
 - 7.1. Health Insurance
 - 7.2. FY25 Budget Draft #3
 - 7.3. 2024 Proposed Warrant Articles
- 8. Staff Reports**
- 9. Approvals**
- 10. Action Items**
- 11. Old/New Business**

Adjournment

Next Meeting: December 18, 2023

You are invited to a Zoom webinar.

When: Dec 11, 2023 06:30 PM Eastern Time (US and Canada)

Topic: BOS Meeting Dec 11, 2023

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/86847701401>

Or Telephone: 1 646 931 3860 US

Webinar ID: 868 4770 1401

**Town of Amherst, NH
BOARD OF SELECTMEN**

NOTICE OF PUBLIC HEARING

**Barbara Landry Meeting Room, Town Hall – 2 Main Street
Monday December 11, 2023 6:30 PM**

Pursuant to RSA 31:95-b: III (a), the Amherst Board of Selectmen shall hold a public hearing in conjunction with its scheduled meeting for the purpose of accepting unanticipated money from the State of NH Dept. of Transportation Block Grant in the amount of \$94,204.42.

All interested citizens are invited to attend

STATEMENT OF REMITTANCE

VOUCHER NUMBER	INVOICE NUMBER	DESCRIPTION	CONTACT INFORMATION	DATE	AMOUNT
5872416	FY24 SPEC BLK GRANT A	FY24 SPEC BLK GRANT A	(603) 271-3466	11/06/23	94,204.42
	FY24 SPEC BLK GRANT A \$94204.42;	FY24 SPEC BLK GRANT A \$0.00			

If you have further payment questions, reference the contact information provided next to the line item in question.

TOTALS: \$94,204.42

INFORMATION MESSAGE

Questions On Your Payment?

Please use the contact information provided above in the fourth column from the left.

State of New Hampshire
Office of State Treasurer
25 Capitol Street - Rm. 121
Concord, NH 03301



Bank of America
Concord, NH

11/09/23

2359148

DIRECT DEPOSIT ADVICE

PAY EXACTLY *VOID VOID VOID VOID VOID VOID VOID VOID*

\$ ****94,204.42

NON-NEGOTIABLE

PAY TO THE ORDER OF **TOWN OF AMHERST TREASURER**
2 Main St
Amherst NH 03031
177351



**Town of Amherst, NH
BOARD OF SELECTMEN
STAFF REPORT**

Title: Health Insurance

Department: Administration

Meeting Date: December 11, 2023

Staff Contact:

BACKGROUND INFORMATION:

BUDGET IMPACT:

(Include general ledger account numbers)

POLICY IMPLICATIONS:

DEPARTMENT HEAD RECOMMENDATION:

SUGGESTED MOTION:

TOWN ADMINISTRATOR RECOMMENDATION:

ATTACHMENTS:

1. Health Insurance Plans Benefits pages for current and proposed plans
2. FY25 Health Insurance Analysis - TOWN
3. FY 2025 Health Insurance Offerings and Enabling Motion js

Benefits Covered in Full (no cost to the member)

Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Laboratory Tests	
X-rays	
Chemotherapy & Radiation Therapy	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits Covered after a Copayment

Professional Visits:	\$25 Copay
Physician Services/Office Visit	
Routine Annual Eye Exam (1 per year)	
Acupuncture; unlimited visits	
Chiropractic Care; unlimited visits	
Physical/Occupational/Speech Therapy; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Allergy Injections	\$5 Copay
Emergency Room (waived if admitted)	\$100 Copay
Prescription Drugs: Retail (30 day supply)	\$0/\$10/\$30/\$50
Mail Order (90 day supply)	\$0/\$10/\$30/\$50

Benefits Covered after a Deductible

Best Buy Deductible: Limit one per year	\$500 Deductible (\$1,500 Family Maximum)
Hospital Inpatient	Deductible; then Covered in Full
Maternity Care - Delivery	
Advanced Radiology; CT Scans & MRIs	
Outpatient Surgery	
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit per year	
Ambulance - Emergency Transport	
Durable Medical Equipment	Separate \$100 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	\$5,000 (\$10,000 Family)
Prescription Drugs	

Deductible Year: Plan*

Deductible Carry-Over Provision: Yes

Lifetime Benefit: Unlimited

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a calendar year.

*Deductible year will follow your medical plans renewal

Two Health Insurance Plan Options for FY25 - premium comparison TOWN													
CURRENT PLAN - HMO Super	TOWN HRA payments	FY25 annual premiums	Employee portion 13%	FY25 Employee portion 16%	Annual increase due to change in deduction								
Single	500	18,931	2,461	3,029	568								
2-Person	1,000	37,820	4,917	6,051	1,135								
Family	1,500	51,041	6,635	8,167	1,531								
NEW PLAN - HMO HSA \$2000	TOWN HSA Contributions MATCH	FY25 annual premiums	No previous amount	FY25 Employee portion 10%	Annual Premium Savings over HMO Super								
Single	1,000	13,536	N/A	1,354	1,675								
2-Person	2,000	27,042	N/A	2,704	3,347								
Family	2,000	36,494	N/A	3,649	4,517								
The Town HSA Contribution is a match up to \$1,000 for single and \$2,000 for 2-Person and Family													
With the HMO Super, the Town could pay up to \$500, \$1,000 or \$1,500 towards the Single, 2-Person or Family Deductible with the HRA.													
Comparisons of Family Plans	Annual Premiums	Town Portion 84%	Employee Portion 16%		Comparisons of 2-Person Plans	Annual Premiums	Town Portion 84%	Employee Portion 16%		Comparisons of Single Plans	Annual Premiums	Town Portion 84%	Employee Portion 16%
HMO Super	51,041	42,874	8,167		HMO Super	37,820	31,769	6,051		HMO Super	18,931	15,902	3,029
		Town Portion 90%	Employee Portion 10%				Town Portion 90%	Employee Portion 10%				Town Portion 90%	Employee Portion 10%
HMO HSA \$2000	36,494	32,845	3,649		HMO HSA \$2000	27,042	24,338	2,704		HMO HSA \$2000	13,536	12,182	1,354
		Town	Employee				Town	Employee				Town	Employee
Prem Savings HMO vs HSA		10,030	4,517		Prem Savings HMO vs HSA		7,431	3,347		Prem Savings HMO vs HSA		3,720	1,675
	HSA Town Match	-2,000	2,000			HSA Town Match	-2,000	2,000			HSA Town Match	-2,000	2,000
HMO vs HSA	Town Savings	8,030			HMO vs HSA	Town Savings	5,431			HMO vs HSA	Town Savings	1,720	
HMO vs HSA	Employee savings		6,517		HMO vs HSA	Employee savings		5,347		HMO vs HSA	Employee savings		3,675

FY 2025 Health Insurance Offerings and Enabling Motion

The town is proposing to amend its health insurance offerings for the plan year beginning in July 2024 as follows:

Participants in the town's currently offered health insurance plan, HMO Super \$25 \$500, may continue in that plan. The percentage of premium paid by the employee will increase from the 13% currently to 16%. The town will continue to offer its current Health Reimbursement Arrangement in connection with this plan.

All new participants in town-offered health insurance (all new employees qualifying for health insurance coverage and current employees not presently participating in town-sponsored health insurance) will be offered the HMO HSA \$2000 plan. Participants in the town's currently offered health insurance plan, HMO Super \$25 \$500, also may elect to switch to the HMO HSA \$2000 plan. The percentage of premium paid by employees for this plan will be 10%. Employees who contribute to a Health Savings Account in connection with this plan will have a dollar-for-dollar town match of their HSA contributions up to \$1000 for single coverage or up to \$2000 for two-person or family coverage. Participants with coverage under this plan do not qualify for Health Reimbursement Arrangements or Flexible Spending Accounts.

Employees who qualify for town-sponsored health insurance but decline that coverage and obtain coverage elsewhere will continue to receive an "opt-out" payment. Those payments will increase in July 2024 to \$333.34 monthly (single), \$625 (two person), or \$833.34 (family).

I move to amend the town's health insurance offerings, as just described, to be effective July 1, 2024, with the start of the FY25 fiscal year.



**Town of Amherst, NH
BOARD OF SELECTMEN
STAFF REPORT**

Title: FY25 Budget Draft #3

Department: Administration

Meeting Date: December 11, 2023

Staff Contact:

BACKGROUND INFORMATION:

BUDGET IMPACT:

(Include general ledger account numbers)

POLICY IMPLICATIONS:

DEPARTMENT HEAD RECOMMENDATION:

SUGGESTED MOTION:

TOWN ADMINISTRATOR RECOMMENDATION:

ATTACHMENTS:

None



**Town of Amherst, NH
BOARD OF SELECTMEN
STAFF REPORT**

Title: 2024 Proposed Warrant Articles
Meeting Date: December 11, 2023

Department: Administration
Staff Contact:

BACKGROUND INFORMATION:

BUDGET IMPACT:

(Include general ledger account numbers)

POLICY IMPLICATIONS:

DEPARTMENT HEAD RECOMMENDATION:

SUGGESTED MOTION:

TOWN ADMINISTRATOR RECOMMENDATION:

ATTACHMENTS:

None