



STATE OF CONNECTICUT – COUNTY OF TOLLAND
INCORPORATED 1786

TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187
ELLINGTON, CONNECTICUT 06029-0187

TEL 860-870-3100 FAX 860-870-3102

www.ellington-ct.gov

LORI L. SPIELMAN
First Selectman

DAVID E. STAVENS
Deputy First Selectman

MELINDA M. FERRY
MICHAEL B. MADRU
JAMES M. PRICHARD
RONALD F. STOMBERG
JOHN W. TURNER

BOARD OF SELECTMEN

Monday, November 7, 2022

Nicholas J. DiCorleto, Jr. Meeting Hall

SPECIAL MEETING MINUTES

SELECTMEN PRESENT: Lori Spielman, David Stavens, James Prichard, John Turner, Ronald Stomberg, Melinda Ferry, Michael Madru

OTHERS PRESENT: Felicia LaPlante, Assistant Finance Officer/Deputy Treasurer; Walter Lee, Emergency & Risk Management Director; Lisa Houlihan, Town Planner; LouAnn Cannella, Human Resources Coordinator; Liz Nord, Insurance Advisory Board (IAB); Mike Purcaro, Chairman and David Olender, Vice Chairman, Board of Finance (BOF); Mark Wick and John De Rham, EIP Investment, LLC; Mickey Toro, CTEC Solar; John Rainaldi

I. **CALL TO ORDER:** The Board of Selectmen (BOS) meeting was called to order at 6:01 p.m. and the Pledge of Allegiance was recited.

II. **EXECUTIVE SESSION**

A. For the purpose of discussing personnel appointment

MOVED (TURNER), SECONDED (FERRY) AND PASSED UNANIMOUSLY TO ENTER INTO EXECUTIVE SESSION AT 6:02 PM FOR THE PURPOSE OF DISCUSSING PERSONNEL APPOINTMENT.

Present: Lori Spielman, David Stavens, John Turner, Ronald Stomberg, James Prichard, Melinda Ferry, Michael Madru, Felicia LaPlante, Walter Lee, LouAnn Cannella

John Rainaldi joined Executive Session at 6:06 p.m. Mr. Rainaldi exited Executive Session at 6:21 p.m.

MOVED (TURNER), SECONDED (MADRU) AND PASSED UNANIMOUSLY TO COME OUT OF EXECUTIVE SESSION AT 6:24 PM.

III. **NEW BUSINESS**

A. Potential Appointment of Town Assessor

Ms. Spielman, Mr. Lee and Ms. LaPlante offered their recommendations for hiring Mr. Rainaldi as the Town's Assessor following the initial interview held on October 13, 2022. The BOS members unanimously agreed to offer the position to Mr. Rainaldi.

MOVED (TURNER), SECONDED (STAVENS) AND PASSED UNANIMOUSLY TO APPOINT JOHN RAINALDI AS THE TOWN OF ELLINGTON ASSESSOR WHO SHALL SERVE FOR AN INDEFINITE TERM AT A STARTING ANNUAL SALARY OF \$124,000.00. FURTHER, THREE WEEKS OF VACATION PER YEAR AND ANY APPLICABLE PART-TIME SERVICE CREDIT SHALL BE EARNED UPON COMPLETION OF THE PROBATIONARY PERIOD. THE FIRST DATE OF FULL-TIME EMPLOYMENT SHALL BE FEBRUARY 1, 2023, WITH MR. RAINALDI WORKING OUT A PART-TIME SCHEDULE THAT IS AMICABLE TO BOTH THE TOWNS OF MANCHESTER AND ELLINGTON DURING THE MONTHS OF DECEMBER AND JANUARY, UP TO 25 HOURS PER WEEK.

B. Thompson Farm Tax Stabilization Agreement

Mr. Wick, Mr. Toro and Mr. de Rham reviewed a PowerPoint presentation [attached] in detail with the Board of Selectmen members regarding the proposed Thompson Farm Pollinator Solar project. They reviewed the project description and location as well as key project-specific attributes.

Mr. de Rham, Thompson Family Farm Land Trust, said that on behalf of the Trust, he is requesting a tax stabilization agreement with the Town for the State's first pollinator solar project. Mr. Wick and Mr. Toro reviewed the proposed project and answered questions asked by the BOS members regarding visibility from the road, the effect on neighbors, the long-term plan when the panels expire, as well as recouping some benefit to the Town for the electricity credits that will be realized.

MOVED (TURNER), SECONDED (FERRY) AND PASSED [AYE: TURNER/STOMBERG/MADRU/FERRY/PRICHARD; ABSTAIN: STAVENS] TO APPROVE THE PROPOSED TAX STABILIZATION AGREEMENT BETWEEN THE TOWN OF ELLINGTON, CTEC SOLAR, LLC AND THE THOMPSON FAMILY LAND TRUST, PURSUANT TO AUTHORITY GRANTED IN CONN GEN STAT SECTION 32-71A, WITH REGARD TO THE PROPOSED SOLAR ELECTRIC GENERATING FACILITY TO BE LOCATED OFF OF SADDS MILL ROAD, ELLINGTON, CT, AS DESCRIBED IN DETAIL IN SCHEDULE A [ATTACHED] AND TO AUTHORIZE THE FIRST SELECTMAN TO EXECUTE THE SAME, FINDING THAT THE TAX SO FIXED REPRESENTS AN APPROXIMATION OF THE PROJECTED TAX LIABILITY OF THE FACILITY BASED ON A REASONABLE ESTIMATION OF ITS FAIR MARKET VALUE AS DETERMINED BY THE TOWN IN THE EXERCISE OF ITS BEST EFFORTS.

C. FY2023 Employee/Retiree Health Insurance Proposals

Ms. LaPlante provided a comprehensive PowerPoint presentation [attached] to the Board of Selectmen explaining the Finance Office's recommendation to move employees and retirees under the age of 65 to the State of Connecticut Partnership Health and Dental plan, effective January 1, 2023. Mr. Purcaro stated the goals of the Finance Office and the BOF which include the calibration of the renewal year with the fiscal year; improving the medical loss ratio; enhancing the coverage for employees; and saving money for the Town and for the employees; he also indicated the BOF's support of this recommendation. He said that the goals of the Finance Office and the BOF He added that the employees will realize a savings of hundreds of dollars with the transition to the State of Connecticut Partnership Plan. Mr. Lee noted that as a former State employee, he is on the State plan and he said his expenses for his family are very minimal on this plan and it is a good program to promote health.

Ms. Spielman asked Ms. Nord if she had any comments. Ms. Nord thanked Ms. LaPlante for the work she did on her presentation to the IAB and she added that the IAB met and determined that this is the best way to go at this time for the Town.

Ms. Spielman thanked Ms. LaPlante for her detailed presentation and the extensive time she put into working with the Town's insurance broker and for bringing this proposal forward to the BOS.

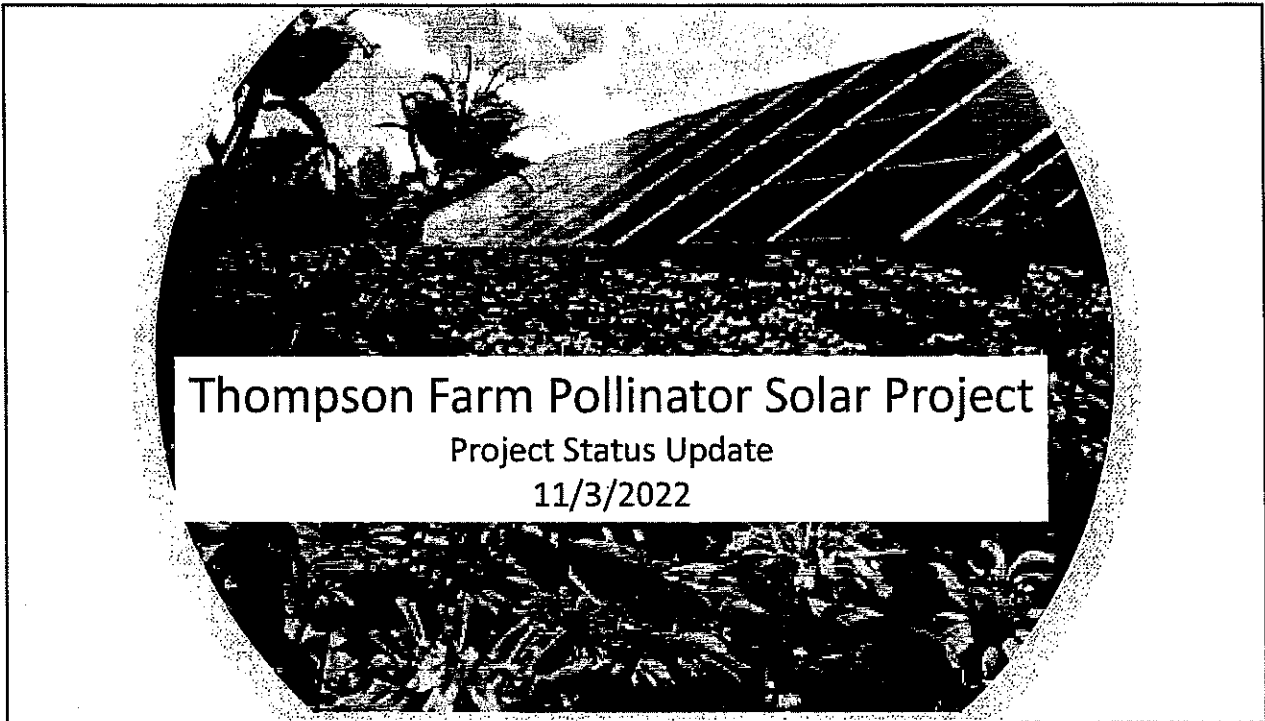
MOVED (TURNER), SECONDED (STAVENS) AND PASSED UNANIMOUSLY TO ENTER INTO THE STATE OF CONNECTICUT PARTNERSHIP PLAN FOR 2023 EMPLOYEE AND UNDER AGE 65 RETIREE HEALTH AND BASIC DENTAL INSURANCE PLANS. FURTHER, TO AUTHORIZE THE FIRST SELECTMAN TO ENTER INTO A THREE YEAR CONTRACT WITH THE STATE OF CONNECTICUT PARTNERSHIP PLAN.

IV. ADJOURNMENT

MOVED (TURNER), SECONDED (PRICHARD) AND PASSED UNANIMOUSLY TO ADJOURN THE SPECIAL MEETING OF THE BOARD OF SELECTMEN AT 7:26 PM.

Submitted by: LouAnn Cannella
LouAnn Cannella
Deputy Recording Secretary

Approved by: Lori Spielman
Lori Spielman
First Selectman



Thompson Farm Pollinator Solar Project

Introduction



Project Description:

- The Thompson Farm Pollinator Solar Project:
 - Size – 6MW AC
 - Phase 1 — 2 MW — 12 Acres
 - Phase 2 — 2 MW — 12 Acres
 - Phase 3 — 1 MW — 5.5 Acres
 - Phase 4 — 1 MW — 5.5 Acres
 - State Program – Virtual Net Meter (VNM)
 - Location – interior 35+/- acre portion of 2 industrial excess parcels totaling 167 Acres of the 315 acre Thompson Farm – road access off of Sadds Mill Road.
 - No visibility from any town road
 - Approved use within an Industrial (I) -zone
 - Dual Use Project – first full scale pollinator friendly solar approved by CSC to date.
 - Working with Bee and Butterfly Fund on seed mixes for New England
 - Research partnership UConn CCEA under prof Fred Carstensen
 - Host Community Benefit
 - Tax Revenue significantly greater than current 490 farmland
 - Host Community Meter(s) Included
 - Pollinator benefits to Ellington farming community

Thompson Farm Pollinator Solar Project

Key Project Specific Attributes:



- Location:
 - Interior parcel - No visual impact from any town roads
 - Land Utilization Benefits
 - Not prime working farmland
 - Not core forest
 - Not valuable timber land (current use as marginally productive woodland -cordwood only)
 - Not readily developable – stigma associated with proximity to landfill
 - No road frontage
 - No current town services available or planned
 - No impact to water or sewer limitations
 - Dual Use Project – first full scale pollinator friendly solar approved by CSC to date.
 - Working with Bee and Butterfly Fund on seed mixes for New England
 - Research partnership UConn CCEA under prof Fred Carstensen
 - Host Community Benefit
 - Tax Revenue significantly beyond current farmland
 - Host Community Meter(s) Included
 - Pollinator benefits to Ellington farming community

5

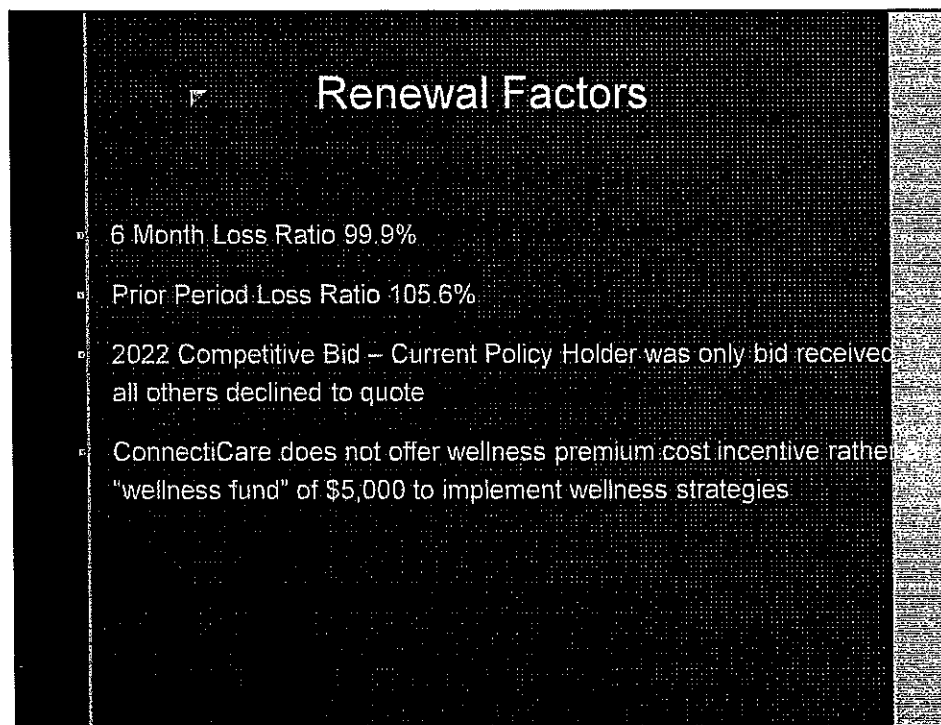
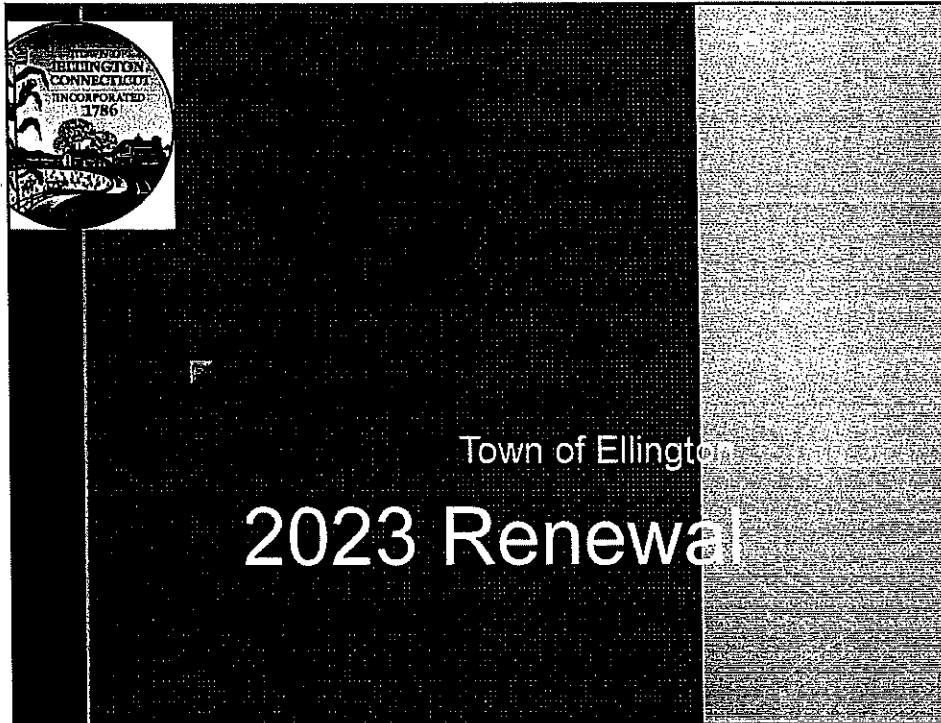
Thompson Farm Pollinator Solar Project

Tax Stabilization Agreement:



- Tax Stabilization Agreement reduces uncertainty and improves finance-ability for a “fixed revenue” “fixed timeframe” project.
- Proposed Stabilization agreement based on previously negotiated and approved agreement from East Windsor:
 - Fixed annual payments based on MW built - \$3150/MW
 - Upfront year 1 payment based on MW built - \$12,500/MW
 - Additional Annual escalator of 1.3% (not in East Windsor agreement) which is based upon the calculated annual Ellington MIL rate increase from 1995-2021.

6



Short Term/Long Term Plan

Short Term Plan

- Wellness Program to promote preventive screens, wellness visits and chronic disease education and counseling for employees
- Cost savings to the Town and Employee while providing comparable benefit plan without the high deductible
 - Disruption report at 98.03%
 - If member's provider is Out of Network, can notify Anthem who will reach out to provider to bring them In Network
 - During this window, can use their provider which will be treated In Network for 90 days, can request for continuation if need additional time to bring In Network

Long Term Plan

- Reduce loss ratio to be competitive when obtaining renewal rates
- In 3 years – with potential reduction in loss ratio, put back out for competitive bid

Health Renewal 2023

2022 Unit#	2022 Cost Share*	Connecticut Competitive Renewal Rates 1/1/22 to 12/31/22		Connecticut As a Backup after 1/1/23 to 12/31/23		Connecticut As a Backup after 1/1/23 to 12/31/23		CT Partnership Jan - April 2023 rates - Tallent City Assumed 5.25% increase /Yr Assuming HEP compliant	
		Monthly Rates	Monthly Premium	Monthly Rates	Monthly Premium	Monthly Rates	Monthly Premium	Monthly Rates	Monthly Premium
TELEC POS									
PPO HSA 3000 (W/CBUP/TH)									
Employees	14	\$842.24	\$96,899.88	\$839.79	\$96,899.88	\$923.04	\$106,299.16	\$980.16	\$114,710.88
Employee + Child(ren)	7	1,842.37		1,871.67		1,988.47		2,104.33	
Employee + Family	2	2,442.55		2,783.36		2,818.42		2,972.75	
Total	23				6110,422.89				\$108,340.80
* from CTCare renewal									
Monthly Premium			\$96,899.88		\$110,422.80		\$104,299.16		\$123,470.88
Annual Premium			\$1,162,798.52		\$1,325,072.24		\$1,251,589.80		\$1,481,650.56
Annual Difference from Current					\$162,273.81		\$112,791.44		\$171,912.48
					14.29%		9.79%		14.89%
Annual (Employee/Family) Premiums									
Employees Only	14	\$842,240.00	\$842,240.00	\$839,790.00	\$839,790.00	\$923,040.00	\$923,040.00	\$980,160.00	\$980,160.00
Family	2	\$4,885.10	\$4,885.10	\$5,566.72	\$5,566.72	\$5,636.84	\$5,636.84	\$5,945.50	\$5,945.50
Total	16	\$847,125.10	\$847,125.10	\$845,356.72	\$845,356.72	\$928,676.84	\$928,676.84	\$986,105.50	\$986,105.50
Total Annual Costs with HSA Funding			\$1,267,388.32		\$1,540,072.24		\$1,510,589.80		\$1,234,710.88
Annual Change from Current	(6)	(14)			\$162,273.81		\$112,791.44		\$63,047.22
					11.9%		8.1%		-4.5%
Health Summaries:									
PPO HSA 3000 (W/CBUP/TH)			TELEC POS HEMP without patient copay		TELEC POS HEMP without patient copay		TELEC POS HEMP without patient copay		CT Partnership 2.0
In-Network Deductible			\$3000 / \$5000		\$3000 / \$5000		\$3000 / \$5000		\$200 / \$500 - covered if compliant
In-Network Copayment			100%		100%		100%		\$15 copay
Out-of-Network Deductible			\$7000 / \$7000		\$7000 / \$7000		\$7000 / \$7000		\$0 for 17 months for 2
Office Visit			subject to deductible		subject to deductible		subject to deductible		\$0
High Cost Diagnosis (PPV, CAT, PET)			subject to deductible		subject to deductible		subject to deductible		\$250 - covered if admitted
Prescribed Medication			subject to deductible		subject to deductible		subject to deductible		dependent on HEP compliance
Out-of-Network Surgery			subject to deductible		subject to deductible		subject to deductible		
Emergency/ Urgent Care			subject to deductible		subject to deductible		subject to deductible		
Disability, Durable & Ortho Supplies			subject to deductible		subject to deductible		subject to deductible		
Prescription Drugs			subject to deductible (100% OOP) or copay		subject to deductible (100% OOP) or copay		subject to deductible (100% OOP) or copay		
Out-of-Network Deductible			\$4000 / \$4000		\$4000 / \$4000		\$4000 / \$4000		\$200 / \$500
Out-of-Network Out-of-Pocket Max *			\$6000 / \$12,000		\$6000 / \$12,000		\$6000 / \$12,000		20% to \$2,200 / \$4,400

State Partnership Plan -HEP Program

- The Health Enhancement Program (HEP) is a wellness program attached to the State Partnership health plan.
- HEP targets preventive care and chronic disease management.
- Preventive Care
 - ❖ The program requires members enrolled in the state health plan to engage appropriate wellness exams and preventive screenings.
- Chronic Condition Management
 - ❖ Targets the following chronic conditions: diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia, and hypertension
 - ❖ \$0 co-pay for office visits related to the targeted conditions
 - ❖ Lower co-pays for maintenance drugs used to treat the targeted conditions (3-tier \$0, \$5, \$12.50)

HEP Requirements

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49**	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening†	N/A	N/A	N/A	N/A	N/A	40-49: N/A 45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	

State Partnership Plan -HEP Program-

Upon a groups enrollment into the Partnership Plan, all members will automatically be enrolled in the Health Enhancement Program (HEP).

The HEP program is managed by Care Management Solutions, Inc.

- Members have access throughout the year to a HEP web portal which shows their compliance status.
- Members have access to a dedicated customer service team at CMSi as well as a dedicated health navigator.

State Partnership Plan HEP Compliance

- Members have one full calendar year to become acclimated with the program and to meet the HEP requirements.
- HEP Compliance is based on calendar year
 - All family members enrolled in the plan must meet their age specific requirements in order for the employee to be considered HEP compliant.
 - Communications and reminders are sent to members throughout the year.
- Employees that do not meet their HEP requirements will be considered "non-compliant" with the following penalty implemented:
 - Additional \$100 per month billed premium that becomes part of the employee share contribution
 - \$350 individual deductible (up to \$1,400 per family) attached to in-network medical plan
 - Once member completes missing requirement(s), eligible to get back on HEP compliant status

Current Dental Plan- Anthem

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

COVERED SERVICES INCLUDE:

- D Oral Examinations
- D Periapical and bitewing X-rays
- D Topical fluoride applications for members under age 19
- D Prophylaxis, including cleaning, scaling and polishing
- D Relining of dentures
- D Repairs of broken removable dentures
- D Palliative emergency treatment
- D Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)*
- D Simple extractions**
- D Endodontics - including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

*Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amenity Rider A.

**Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amenity Rider A.

ACCESSING BENEFITS:

Participating Dentist Benefits:
When a member receives care from one of our Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

Non-Participating Dentist Benefits:
For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

State Partnership Plan- Basic Dental

Cigna Dental Partnership Plans Effective 7/1/2022

Plan tables are for Plan years effective 7/1/2022-6/30/2023.
For benefits, rates & exclusions please contact the Partnership Plan for more details.
Please consult the State Partnership Plan for a complete list of services or contact a specialist.

Plan Year	Option 1: DPPD Plan 1 with or without DHMO		Option 2: DPPD Plan 2 with or without DHMO		Other Current State Plans	
	Plan 1 Any amount	Plan 2 Any amount	Plan 1 Any amount	Plan 2 Any amount	Enhanced None or DT DPPD Yes, for non-employees	DHMO None or DT DHMO
Out of Network Coverage	Yes	Yes	Yes	Yes	No	No
Annual Deductible	\$3,500 Individual, \$7,000 Family Preventive, Prior Co-insurance	None	None	None	\$1,000 Individual, \$2,000 Family Preventive, Periodontal Cleaning & Orthodontics	None
Deductible waived for Annual maximum per person	Orthodontics \$1,000	not applicable	not applicable	Orthodontics \$1,000	\$2,000 Annual limit applies, the amount over for Periodontal cleaning, Scaling & Root Planing	not applicable Unlimited
Periodontal Care Maximum per person	Annual limit applies. No annual max for Periodontal (Scaling, Root Planing & Root Planing)	Annual limit applies. No annual max for Periodontal (Scaling, Root Planing & Root Planing)	\$500 Annual limit applies. No annual max for Periodontal (Scaling, Root Planing & Root Planing)	\$500 Annual limit applies. No annual max for Periodontal (Scaling, Root Planing & Root Planing)	Annual limit applies. No annual max for Periodontal (Scaling, Root Planing & Root Planing)	None
Medical Maximum (not including prior Ortho Lifetime Maximum per person)	Not covered \$1,500	Not covered \$1,500	Not covered	Not covered	\$1,500	None No state annual max, frequency rate applies.
Preventive	100%	100%	100%	100%	100%	100%
Major	100%	100%	100%	100%	100%	100%
Chiropractic	100%	100%	100%	100%	100%	100%
Civil Exam	100%	100%	100%	100%	100%	100%
Fluoride	100%	100%	100%	100%	100%	100%
General	100%	100%	100%	100%	100%	100%
Basic						
Fillings	80%	80%	80%	80%	80%	85%
Emergency Care	100%	100%	100%	100%	100%	100%
Endodontics	80%	80%	80%	80%	80%	85%
Periodontal (Scaling)	80%	80%	100%	100%	100%	100%
Periodontal (Root Planing)	80%	80%	80%	80%	80%	85%
Diagnosis, X-rays, Crown Paper	80%	80%	80%	80%	80%	85%
Simple Extractions	80%	80%	80%	80%	80%	85%
General Anesthesia	not covered	not covered	not covered	not covered	not covered	not covered
Major						
Crown/Venire/Cover	80%	80%	80%	80%	80%	85%
Dentures	not covered	not covered	not covered	not covered	not covered	not covered
Oral Surgery	not covered	not covered	not covered	not covered	not covered	not covered
Upper Maxillary	80%	80%	80%	80%	80%	85%
Oral Surgery (non Simple Extractions)	80%	80%	80%	80%	80%	85%
Medicare	not covered	not covered	not covered	not covered	not covered	not covered
Orthodontic						
Teeth	80%	80%	not covered	not covered	80%	85%
Child & Adult	Yes	Yes	Yes	Yes	Yes	Yes

Please note the not all is a high level overview of the benefits. All benefits are available by contacting the State Partnership Plan.

Benefits of Moving Dental to SPP

- Reduced Premium Cost to both Town and Employee
- SPP- In Network includes "All Dentists", no disruption
- Retains Unlimited Annual Maximum of current plan
- Additional Services:
 - Sealant Coverage
 - Emergency Care (80%)
 - Space Maintainers (67%)
 - Oral Surgery-Non Simple (67%)

State Partnership Plan 3 Year Commitment

- Groups are required to participate in the plan for three years.
- Groups seeking to leave prior to the end of year three must submit a request in writing
- If an early exiting group's claims have exceeded the premiums paid in entering the plan, the following penalty will be assessed:
 - ❖ Exit after 1 Year: Lesser of the excess of the group's total costs over the they were charged since joining the plan or 5% of the total premium paid group in the most recent plan year.
 - ❖ Exit after 2 Years: Lesser of the excess of the group's total costs over the they were charged since joining the plan or 3% of the total premium paid group in the most recent plan year.
 - ❖ Exit after 3 Years or Later: No Assessment

SCHEDULE A

Legal Description of Solar Lease Area

A certain piece or parcel of land located in the Town of Ellington, County of Tolland, and State of Connecticut bounded and described as follows:

Beginning at a point on the northerly line of land n/f DeCarli, Inc. said point being the southwest corner of n/f Andrew J., Gregory J. and Philip A. Gale and also being the southeast corner of the parcel herein described; thence N 55°01'22" W along land of Thompson Family Land Trust 895.56' to a point; thence continuing along said Land Trust N 07°56'06" W 50.00' to a point; thence continuing along said Land Trust N 02°47'00" W 920.18' to a point; thence continuing along said Land Trust N 09°09'11" E 500.00' to a point; thence S 81°26'36" E 998.88' to a point on line of land of said Gale; thence S 09°12'11" W along said Gale 200.00' to a point; thence continuing along said Gale S 09°09'11" W 143.88' to a point; thence continuing along said Gale S 09°01'22" W 773.63' to a point; thence continuing along said Gale S 08°18'46" W 731.17' to the point and place of beginning.

Said parcel contains 34.76 acres.