Newlin Township
Board of Supervisors
Meeting Minutes
November 10, 2025

Call to Order: The Board of Supervisors' monthly meeting convened at 7:30 p.m. on Monday, November 10, 2025 at the Township Garage located at 1751 Embreeville Road. Present were Supervisors Jim Cornell (Chair), Bill Kelsall (Vice-Chair), Bob Pearson and Secretary/Treasurer Gail Abel.

Announcements: Mr. Pearson recognized that November 10 marked the 250th birthday of the United States Marine Corps, and that November 11 would be Veterans Day. Urging the meeting's attendees to honor those who have served in the U.S. Armed Forces. He also congratulated Mr. Cornell on his re-election as a Newlin Township Supervisor for a second 6-year term.

Comments: Raymond Rissmiller expressed gratitude for the recent Laurel Road improvements, but asked whether the grading at the corner of his property could be improved. Mr. Pearson replied that that could be accomplished when a topcoat is applied next year.

Minutes for Approval: Ms. Abel first presented the minutes of the October 13, 2025 Board Meeting. Mr. Pearson's motion to approve those minutes was seconded by Mr. Kelsall and unanimously approved.

She next presented the minutes of the October 22, 2025 Budget Work Session. Mr. Pearson's motion to approve those minutes was seconded by Mr. Kelsall unanimously approved.

Financial Report: Ms. Abel presented the monthly Financial Report: As of October 31, 2025 the Township had $548,730.58 on deposit, including $194,295.66 in general and unrestricted funds. Overall, this represented a net decrease of $223,182.28 since September 30, 2025. Mr. Pearson's motion to accept the Financial Report was seconded by Mr. Kelsall and unanimously approved.

Bill Payment Authorization: Ms. Abel presented a list of pending bills, invoices, and other recurring/routine payments totaling $34,999.18 from the General Fund Account and requested payment authorization. Mr. Pearson's motion to approve the requested payments was seconded by Mr. Kelsall and unanimously approved.

Advertisement of Proposed 2026 Budget: Mr. Cornell advised that the Township's proposed 2026 Budget was available for those in attendance who might want a copy, that budget approval would be on the agenda for the Supervisors' December meeting, and that that would need to be advertised soon. He noted that as last year, the 2026 Budget would be balanced without any increase in taxes, in part because the presented Fire and EMS expenditures would be excluding $36,632 of expenditures that would be covered by funds accumulated in the Fire & EMS Tax account prior to 2026. There being no questions or comments from those attending, Mr. Pearson's motion to approve public advertisement of the proposed 2026 Budget was seconded by Mr. Kelsall and unanimously approved.

Approve PSATS/Aetna Health Insurance Plan: Mr. Cornell noted that (i) for the past several years the Township has been providing for its employees' health insurance needs by reimbursing their "Obamacare" premiums ("grossed up" to cover the taxes on those reimbursements), but (ii) if the Township continued that approach in 2026, its health insurance costs would increase by about 80% due to increased "Obamacare" insurance premiums and the non-extension of the Enhanced Premium Tax Credit in the "Big Beautiful Budget Bill" recently enacted by Congress, and (iii) therefore, the Supervisors had taken another look at group health insurance.

He referenced an Aetna, Inc. ("Aetna") "high deductible" medical and prescription drug policy recommended by the Pennsylvania State Association of Township Supervisors ("PSATS"), which could be combined with a Medical Expense Reimbursement Plan (a "MERP") that would reimburse 90% of the deductible on a tax-free basis, noting that the Township's first-year costs would be roughly $26,000 (versus over $38,000 under the "Obamacare" reimbursement approach). He advised that the MERP could be formally approved in December, but that Aetna needed notice of the Township's participation by the end of November in order to have health insurance coverage effective at the beginning of 2026.

At Mr. Cornell's request:

(i) Mr. Pearson's motion to adopt Resolution 2025-05, by which the Township resolves to participate in the Pennsylvania Townships Health Insurance Cooperative Trust ("Trust") (originally established by PSATS) by becoming a party to a Declaration and Agreement of Trust, as most recently amended and restated as of December 19, 2019 (the "Restated Trust Agreement") (a copy of which has been presented to the Supervisors), was seconded by Mr. Kelsall and unanimously approved;

(ii) Mr. Pearson's motion to authorize the Chair to execute and deliver a Participation and Joinder Agreement (confirming the Township's election to participate in the Trust and its agreement to become a party to the Restated Trust Agreement) was seconded by Mr. Kelsall and unanimously approved;

Mr. Pearson's motion to adopt the Aetna Pennsylvania Townships Health Insurance Cooperative Trust: Open Choice - Plan 5 (a :"high-deductible plan") ("Aetna Plan 5") (a summary of which (the "Summary") shall be attached to the minutes of this meeting) as the Township's Health Insurance Plan, effective January 1, 2026, was seconded by Mr. Kelsall and unanimously approved; and

(iv) Mr. Pearson 's motion to:

(a) direct the Secretary to provide the Township's Health Insurance Plan and the Summary to full-time employees as soon as possible,

(b) confirm the Supervisors' intention to couple Aetna Plan 5 with a MERP, which will reimburse 90% of the Aetna Plan 5 deductible on a tax-free basis,

(c) direct the Secretary to provide an Aetna Plan 5 Enrollment Form to each full-time employee and assist in its completion, and

(d) authorize and direct the Chair to execute an Election of Participation (demonstrating the Township's selection of Aetna Plan 5) and directing the

Secretary to deliver the Election of Participation and the employee Enrollment Forms to PSATS prior to December 1, 2025

was seconded by Mr. Kelsall and unanimously approved.

RoadMaster Update: Mr. Pearson advised that he expected the Township to apply soon for: (i) a grant for the design of a project to widen/improve the small section of Harveys Bridge Road that meets Youngs Road and Harveys Bridge (to be carried out while the bridge is closed for Chester County's bridge replacement project) and (ii) a grant to overlay Laurel Road with an asphalt topcoat during Spring/Summer 2026. Responding to questions from Chris Wilkins, Mr. Pearson said he did not think the Harveys Bridge replacement project would start until 2027 and that it would take about 8 months to complete, but noted that the County has yet to release a final plan.

Adjournment: Upon Mr. Pearson's motion, seconded by Mr. Kelsall, the meeting was adjourned.

Time: 7:45 pm
Respectfully Submitted,
Gail Abel, Secretary

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2024-12/31/2024

aetna® PENNSYLVANIA TOWNSHIPS HEALTH INSURANCE COOPERATIVE TRUST : Open Choice® - Plan 5

Coverage for: Individual + Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-800-370-4526. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-800-370-4526 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: Individual $2,500 / Family $5,000. Out-of-Network: Individual $2,500 / Family $5,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Prescription drugs; plus in-network preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	Yes. For prescription drugs- Individual $50 / Family $100. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	In-Network: Individual $6,600 / Family $13,200. Out-of-Network: Individual $10,000 / Family $20,000.	The out–of–pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out–of–pocket limits until the overall family out–of–pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out–of–pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-800-370-4526 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	None
	Specialist visit	0% coinsurance	20% coinsurance	None
	Preventive care /screening /immunization	No charge	20% coinsurance, except deductible doesn't apply to child immunizations & gynecological exams	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aetnapharmacy.com/standard	Generic drugs (Includes Tier 1A)	Copay/prescription, after specific deductible: Tier 1A $3 (retail), $7.50 (mail order); Preferred Generic 20% (retail), $15 (mail order)	20% coinsurance after copay/ prescription, after specific deductible: Tier 1A $3 (retail), Preferred Generic 20% (retail)	Covers 30 day supply (retail), 31-90 day supply (retail at Extended Day Supply Network Pharmacy & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral & injectable fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring step therapy for coverage. Your cost will be higher for choosing Brand over Generics unless prescribed Dispense as Written. Review your Aetna Extended Day Supply Network provider directory for a list of network providers.
	Preferred brand drugs	Copay/prescription, after specific deductible: 20% (retail), $15 (mail order)	20% coinsurance after copay/ prescription, after specific deductible: 20% (retail)	
	Non-preferred brand drugs	Copay/prescription, after specific deductible: 20% (retail), $15 (mail order)	20% coinsurance after copay/ prescription, after specific deductible: 20% (retail)	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Specialty drugs	Applicable cost as noted above for generic or brand drugs	Not covered	All prescriptions must be filled through the Aetna Specialty Pharmacy Network. Precertification required for coverage.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	None
	Physician/surgeon fees	0% coinsurance	20% coinsurance	None
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance	Out-of-network emergency use paid the same as in-network. No coverage for non-emergency use.
	Emergency medical transportation	0% coinsurance	0% coinsurance	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	Urgent care	0% coinsurance	20% coinsurance	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: 0% coinsurance; other outpatient services: no charge	Office & other outpatient services: 20% coinsurance	None
	Inpatient services	0% coinsurance	20% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
If you are pregnant	Office visits	No charge	20% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of $400 for failure to obtain pre-authorization for out-of-network care may apply.
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Rehabilitation services	0% coinsurance	20% coinsurance	30 visits/calendar year for Physical & Occupational Therapy combined, including outpatient hospital services; 30 visits/calendar year for Speech Therapy.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Habilitation services	0% coinsurance	20% coinsurance	None
	Skilled nursing care	0% coinsurance	20% coinsurance	90 days/calendar year. Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
	Durable medical equipment	0% coinsurance	20% coinsurance	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	0% coinsurance	20% coinsurance	Penalty of $400 for failure to obtain pre-authorization for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Child)
- Glasses (child)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs - Except for required preventive services

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture - 10 visits/calendar year for disease, injury & chronic pain.
- Chiropractic care - 20 visits/calendar year.
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition.
- Routine eye care (Adult) - 1 routine eye exam/24 months.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-800-370-4526.

- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-800-370-4526. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol/gov/ebsa/healthreform
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$2,500
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles*	$2,500
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	$2,560

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$2,500
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Diabetic supplies *(glucose meter)*

Total Example Cost	$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles*	$1,200
Copayments	$200
Coinsurance	$600
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	$2,020

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$2,500
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles*	$2,500
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	$2,500

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-370-4526.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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