



Municipalities building a
stable insurance future.

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AGENDA
Joint Committee on Plan Structure and Design
June 12, 2014 - 1:30 P.M.
Rice Conference Room, Tompkins County Health Department
55 Brown Road, Ithaca, New York

1. Welcome
2. Chair's Report Weatherby
3. Consultant Updates: Steve Locey
 - a. Update on Flex Spending and Employee Assistance Program Contract Templates
 - b. **RESOLUTION:** Recommendation to Add Standard Medal Level Plan Options Consistent with the Provisions of the Affordable Care Act
4. Excellus Utilization Report
5. New Business
6. Old Business
8. Approval of Minutes:
 - a. April 3, 2014
 - b. May 1, 2014

Next Meeting: July 3, 2014 - 1:30 p.m.
(Health Department)

Greater Tompkins County Municipal Health Insurance Consortium
2013 and 2014 Fiscal Year Premium Equivalent Rates

Premium % Increase	8.00%
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<i>Medical Plan Rates</i>					
<i>Plan Code</i>	<i>Medical Plan Benefit Description</i>	<i>2013 Premium Rates</i>		<i>2014 Premium Rates</i>	
		<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
<i>PP01</i>	\$10.00 Greater Tompkins County Municipal Health Ins. Consortium	\$549.12	\$1,188.55	\$593.05	\$1,283.63
<i>PP02</i>	\$15.00 Greater Tompkins County Municipal Health Ins. Consortium	\$541.43	\$1,171.91	\$584.74	\$1,265.66
<i>PP03</i>	\$20.00 Greater Tompkins County Municipal Health Ins. Consortium	\$531.55	\$1,150.52	\$574.07	\$1,242.56
<i>PP0T</i>	\$10.00 GTCMHIC - Teamsters "Look Alike" Plan	\$567.78	\$1,230.62	\$613.21	\$1,329.07
<i>MM1</i>	Indemnity Medical Plan (\$50 / \$150 Deductible)	\$566.67	\$1,228.25	\$612.01	\$1,326.51
<i>MM2</i>	Indemnity Medical Plan (\$100 / \$200 Deductible and \$400 OOP Max.)	\$560.24	\$1,214.28	\$605.06	\$1,311.42
<i>MM3</i>	Indemnity Medical Plan (\$100 / \$200 Deductible and \$750 OOP Max.)	\$550.10	\$1,192.18	\$594.10	\$1,287.55
<i>MM4</i>	Indemnity Medical Plan (\$100 / \$250 Deductible)	\$560.24	\$1,209.56	\$605.06	\$1,306.32
<i>MM5</i>	Indemnity Medical Plan (\$100 / \$300 Deductible)	\$560.24	\$1,209.66	\$605.06	\$1,306.44
<i>MM6</i>	Indemnity Medical and Rx Plan (Comprehensive Plan)	\$434.03	\$938.95	\$468.76	\$1,014.07
<i>MM7</i>	Indemnity Medical and Rx Plan	\$632.00	\$1,470.06	\$682.56	\$1,587.66

<i>Prescription Drug Plan Rates (Two-Tier Co-Payment Structure)</i>								
<i>Plan Code</i>	<i>Retail Pharmacy</i>		<i>Mail-Order Pharmacy</i>		<i>2013 Premium Rates</i>		<i>2014 Premium Rates</i>	
	<i>Generic</i>	<i>Brand Name</i>	<i>Generic</i>	<i>Brand Name</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
<i>2T1</i>	\$1.00	\$1.00	\$0.00	\$0.00	\$267.82	\$580.51	\$289.25	\$626.95
<i>2T2</i>	\$2.00	\$5.00	\$0.00	\$0.00	\$264.19	\$572.63	\$285.33	\$618.44
<i>2T3</i>	\$2.00	\$10.00	\$0.00	\$0.00	\$256.96	\$556.95	\$277.52	\$601.50
<i>2T4</i>	\$0.00	\$15.00	\$0.00	\$30.00	\$245.54	\$532.19	\$265.18	\$574.77
<i>2T5</i>	\$5.00	\$15.00	\$10.00	\$30.00	\$242.54	\$525.70	\$261.94	\$567.76
<i>2T6</i>	\$5.00	\$20.00	\$10.00	\$40.00	\$209.96	\$455.06	\$226.75	\$491.47

Denotes Plan Designs No Longer Available for Negotiation.

Greater Tompkins County Municipal Health Insurance Consortium
2013 and 2014 Fiscal Year Premium Equivalent Rates

Premium % Increase	8.00%
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<i>Prescription Drug Plan Rates (Three-Tier Co-Payment Structure)</i>										
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			2013 Premium Rates		2014 Premium Rates	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand				
3T1	\$0.00	\$5.00	\$20.00	\$0.00	\$10.00	\$40.00	\$233.66	\$506.46	\$252.35	\$546.98
3T2	\$5.00	\$10.00	\$25.00	\$5.00	\$10.00	\$25.00	\$205.08	\$444.49	\$221.48	\$480.05
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$197.53	\$428.15	\$213.34	\$462.40
3T4	\$5.00	\$10.00	\$25.00	\$15.00	\$30.00	\$75.00	\$192.59	\$417.44	\$208.00	\$450.84
3T5	\$5.00	\$15.00	\$25.00	\$5.00	\$15.00	\$25.00	\$202.65	\$438.64	\$218.87	\$473.73
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$198.59	\$429.87	\$214.48	\$464.26
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$175.01	\$379.33	\$189.01	\$409.68
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$138.88	\$301.04	\$149.99	\$325.12
3T8	\$10.00	\$20.00	\$35.00	\$20.00	\$40.00	\$70.00	\$135.01	\$292.63	\$145.82	\$316.05
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$117.53	\$254.75	\$126.93	\$275.13
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$80.24	\$173.91	\$86.66	\$187.83
3T11	20%	20%	40%	15%	15%	40%	\$87.68	\$190.05	\$94.69	\$205.25
3T12	20%	30%	45%	20%	30%	45%	\$80.23	\$173.89	\$86.65	\$187.80
3T13	20%	30%	50%	20%	30%	50%	\$79.57	\$172.47	\$85.94	\$186.27

All of the three-tier plan options available for negotiations as listed above include the following elements:

Denotes Plan Designs No Longer Available for Negotiation.

1. Retail purchases limited to a 30 day supply.
2. Mail-order purchases limited to a 90 day supply.
3. Standard edits, exclusions, management protocols apply as follows:
 - a. Standard Excellus contract exclusions apply
 - b. No coverage for prescriptions filled at non-participating pharmacies
 - c. Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
 - d. Standard use management protocols apply (including Excellus standard prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).
 - e. All federal & state mandates that apply to pharmacy benefits are included
 - f. Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.
 - g. Mandatory Specialty Pharmacy Program applies at retail benefit.
 - h. Generic Trial Program applies

Greater Tompkins County Municipal Health Insurance Consortium

2014 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights		GTCMHIC Standard Platinum Plan		Current Tompkins County Plan (County CSEA PPO Plan)		Current Tompkins County Plan (County CSEA Indemnity Plan)	
Cost Sharing		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	Not Applicable	\$500	n/a	\$250	\$100	\$250
	Family	Not Applicable	\$1,500	n/a	\$750	\$200	\$750
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Copayments)</i>	Individual	\$2,000 Combined In-Network and Out-of-Network		\$1,000	\$1,000	\$400	\$400
	Family	\$6,000 Combined In-Network and Out-of-Network		\$3,000	\$3,000	\$800	\$800
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$2,000	Not Applicable	\$1,000	Not Applicable	\$1,000	Not Applicable
	Family	\$6,000	Not Applicable	\$3,000	Not Applicable	\$3,000	Not Applicable
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Visits		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Adult Routine Physical Exams		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Adult Immunizations		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Mammography		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Pap Smears		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Routine Gynecological Exams		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Prostrate Cancer Screenings		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Colonoscopies		Preventive Screenings Covered in Full	80% After Deductible	Preventive Screenings Covered in Full	80% After Deductible	Preventive Screenings Covered in Full	100% of Allowed Amount
Family Planning Services		Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Physician Office Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Office Visits		\$15 PCP / \$25 Spec Copay	80% After Deductible	\$10 PCP / \$10 Spec Copay	80% After Deductible	80% After Deductible	80% After Deductible
Diagnostic X-Rays		\$15 PCP / \$25 Spec Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Diagnostic Laboratory and Pathology		\$15 PCP / \$25 Spec Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Allergy Tests		\$15 PCP / \$25 Spec Copay	80% After Deductible	\$10 PCP / \$10 Spec Copay	80% After Deductible	80% After Deductible	80% After Deductible
Allergy Injections		\$15 PCP / \$25 Spec Copay	80% After Deductible	\$10 PCP / \$10 Spec Copay	80% After Deductible	80% After Deductible	80% After Deductible
Chemotherapy		\$15 Copay	80% After Deductible	\$15 Copay	80% After Deductible	Covered In Full	100% of Allowed Amount
Radiation Therapy		\$15 Copay	80% After Deductible	\$15 Copay	80% After Deductible	Covered In Full	100% of Allowed Amount

Greater Tompkins County Municipal Health Insurance Consortium

2014 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Platinum Plan		Current Tompkins County Plan (County CSEA PPO Plan)		Current Tompkins County Plan (County CSEA Indemnity Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prenatal Services	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Hospital Care for Mother (includes delivery)	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Newborn Nursery Care	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Prescription Drug Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy (limited to a 30-day supply)	Tier 1 \$10	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered
	Tier 2 \$30	Not Covered	Tier 2 \$20	Not Covered	Tier 2 \$20	Not Covered
	Tier 3 \$50	Not Covered	Tier 3 \$35	Not Covered	Tier 3 \$35	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1 \$30	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered
	Tier 2 \$90	Not Covered	Tier 2 \$40	Not Covered	Tier 2 \$40	Not Covered
	Tier 3 \$150	Not Covered	Tier 3 \$70	Not Covered	Tier 3 \$70	Not Covered
Inpatient Hospital Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits (unlimited days)	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Physician Visits in the Hospital	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Inpatient Physical Rehabilitation (60-day limit)	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Surgery	\$150 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Anesthesia	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Emergency Care	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Care	\$150 Copay	\$150 Copay	\$35 Copay	\$35 Copay	Covered In Full	100% of Allowed Amount
Freestanding Urgent Care Center	\$25 Copay	80% After Deductible	\$25 Copay	80% After Deductible	Covered In Full	100% of Allowed Amount
Ambulance	\$150 Copay	\$150 Copay	\$10 Copay	\$100 Copay	Covered In Full	100% of Allowed Amount
Outpatient Hospital Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic X-Rays	\$25 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Diagnostic Laboratory and Pathology	\$25 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Surgical Care Facility Fee	\$150 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Chemotherapy	\$15 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Radiation Therapy	\$15 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount

Greater Tompkins County Municipal Health Insurance Consortium

2014 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Platinum Plan		Current Tompkins County Plan (County CSEA PPO Plan)		Current Tompkins County Plan (County CSEA Indemnity Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health and Chemical Dependence						
Inpatient Mental Health Care (unlimited days)	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Outpatient Mental Health Care (unlimited visits)	\$15 Copay Per Visit	80% After Deductible	\$10 Copay Per Visit	80% After Deductible	80% After Deductible	80% After Deductible
Inpatient Chemical Dependence	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Outpatient Chemical Dependence	\$15 Copay Per Visit	80% After Deductible	\$10 Copay Per Visit	80% After Deductible	80% After Deductible	80% After Deductible
Other Services						
Diabetic Insulin and Supplies	\$15 Copay	80% After Deductible	\$10 Copay	80% After Deductible	80% After Deductible	80% After Deductible
Skilled Nursing Facility (limited to 200 days/year)	\$250 Copay	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Home Care (limited to 40 visits per year)	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Hospice Care	Covered In Full	80% After Deductible	Covered In Full	80% After Deductible	Covered In Full	100% of Allowed Amount
Outpatient Therapy (60 visits per condition/lifetime) (physical, speech, and occupational)	\$25 Copay	80% After Deductible	\$10 Copay	80% After Deductible	80% After Deductible	80% After Deductible
Durable Medical Equipment	80% Coinsurance	80% After Deductible	Covered In Full	80% After Deductible	80% After Deductible	80% After Deductible
External Prosthetics	80% Coinsurance	80% After Deductible	Covered In Full	80% After Deductible	80% After Deductible	80% After Deductible
Chiropractic Care	\$25 Copay	80% After Deductible	\$10 Copay	80% After Deductible	80% After Deductible	80% After Deductible
Acupuncture (10 Visits Per Calender Year Combined In/Out Network)	\$25 Copay	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hearing Aids (Age <19 single purchase once every 3 years)	Covered In Full	80% After Deductible	Not Covered	Not Covered	Not Covered	Not Covered
Vision Benefits						
Adult Routine Vision Exam (one per year)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Adult Diagnostic Vision Exam	\$15 PCP / \$25 Spec Copay	80% After Deductible	\$10 PCP / \$10 Spec Copay	80% After Deductible	80% After Deductible	80% After Deductible
Adult Eyewear	Not Covered	Not Covered	\$60 Annual Allowance	Not Covered	Not Covered	Not Covered
Pediatric Routine Vision Exam (one per year)	\$15 PCP / \$25 Spec Copay	80% After Deductible	\$10 PCP / \$10 Spec Copay	80% After Deductible	Not Covered	Not Covered
Pediatric Eyewear	Not Covered	Not Covered	\$60 Annual Allowance	Not Covered	Not Covered	Not Covered

Greater Tompkins County Municipal Health Insurance Consortium

2014 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Platinum Plan		Current Tompkins County Plan (County CSEA PPO Plan)		Current Tompkins County Plan (County CSEA Indemnity Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental Benefits						
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Major Dental Care and Medical Ortho	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Accidental Dental - Outpatient Surgery (accidental injury to sound, natural teeth and for care due to congenital disease or anomaly,)	\$150 Copay	80% After Deductible	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Premium Rates	Individual	Family	Individual	Family	Individual	Family
<i>2014 Fiscal Year - Tompkins County</i>	<i>\$515.00</i>	<i>\$1,339.00</i>	<i>\$734.04</i>	<i>\$1,608.75</i>	<i>\$744.09</i>	<i>\$1,612.67</i>
<i>Wellness Plan Included</i>	<i>YES</i>		<i>NO</i>		<i>NO</i>	
<i>Health Savings Account Eligible</i>	<i>NO</i>		<i>NO</i>		<i>NO</i>	
<i>Employer Annual Contribution (Assumes 80%)</i>	<i>Individual</i>	<i>\$4,944.00</i>	<i>\$7,046.78</i>		<i>\$7,143.26</i>	
	<i>Family</i>	<i>\$12,854.40</i>	<i>\$15,444.00</i>		<i>\$15,481.63</i>	
<i>Employee Annual Contribution (Assumes 20%)</i>	<i>Individual</i>	<i>\$1,236.00</i>	<i>\$1,761.70</i>		<i>\$1,785.82</i>	
	<i>Family</i>	<i>\$3,213.60</i>	<i>\$3,861.00</i>		<i>\$3,870.41</i>	



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RECOMMENDATION TO ADD THE STANDARD PLATINUM PLAN METAL LEVEL OPTION CONSISTENT WITH THE PROVISIONS OF THE AFFORDABLE CARE ACT

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium is a self-insured municipal cooperative health benefit plan operating pursuant to Article 47 of the New York State Health Insurance Law, and

WHEREAS, the Municipal Cooperative Agreement of the Greater Tompkins County Municipal Health Insurance Consortium authorized the creation of the Joint Committee on Plan Structure and Design, a joint labor and management committee, and

WHEREAS, the Joint Committee on Plan Structure and Design's principle function is to review and provide guidance to the Consortium Board of Directors on matters concerning the benefit plans offered by the Consortium to the Participating Municipalities, and

WHEREAS, the Joint Committee on Plan Structure and Design has reviewed standard benefit plan options consistent with the four metal levels of coverage as defined by the Affordable Care Act, Platinum, Gold, Silver, and Bronze, and

WHEREAS, several Participating Municipalities in the Consortium are seeking plan designs consistent with the metal levels of coverage as defined by the Affordable Care Act, now therefore be it

RESOLVED, the Joint Committee on Plan Structure and Design, hereby recommends to the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors that one standard plan design be made available at the platinum metal level as defined by the Affordable Care Act, hereinafter referred to as the "Platinum Plan,"

RESOLVED, further, that the "Platinum Plan" will have an Actuarial Value as defined by the Affordable Care Act equal to an overall plan benefit for the average participant of 90%,

RESOLVED, further, that the rating and underwriting department at Excellus BlueCross BlueShield or an independent actuarial firm will certify the Actuarial Value of the aforementioned plan prior to its approval by the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium,

RESOLVED, further, that the aforementioned plan design is recommended for inclusion in the Greater Tompkins County Municipal Health Insurance Consortium's available benefit plan menu to be effective as soon as practicable.

Consortium Members:

County of Tompkins ~ City of Ithaca ~ City of Cortland ~ Town of Caroline ~ Town of Danby ~
Town of Dryden ~ Town of Enfield ~ Town of Groton ~ Town of Ithaca ~ Town of Lansing ~
Town of Ulysses ~ Village of Cayuga Heights ~ Village of Dryden ~ Village of Groton ~ Village of Trumansburg



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MINUTES
Greater Tompkins County Municipal Health Insurance Consortium
Joint Committee on Plan Structure and Design
May 1, 2014 – 2 p.m.
Old Jail Conference Room

Present:

Municipal Representatives: 10 members

Michael Murphy, Village of Dryden; Brooke Jobin, Tompkins County; Mack Cook, City of Cortland; Betty Conger, Village of Groton; Schelley Michell Nunn, City of Ithaca; Laura Shawley, Town of Danby; Jennifer Case, Town of Dryden; Judy Drake, Town of Ithaca; Joan Mangione, Village of Cayuga Heights

Municipal Representative via Proxy: 1

Don Barber, Town of Caroline; Ruth Hopkins, Town of Lansing

Union Representatives: 7 members

John Licitra, Town of Ithaca, DPW – Teamsters; Phil VanWormer, City of Ithaca Admin. Unit; James Bower, IUOE Local 158; Tim Farrell, City of Ithaca DPW; Doug Perine, White Collar CSEA #1000 Unit President (excused at 3:00 p.m.); Tim Logue, City Executive Association; Steve Wright, Tompkins County Blue Collar Unit (excused at 3:00 p.m.)

Union Representative via Proxy: 2

Olivia Hersey, TC3 Professional Admin Assoc. Unit; Jerry Wright, Cayuga Heights Police Benevolent Association

Others in attendance:

Judy Taber Locey & Cahill; Ashley Ahmadipour, Deena Gray, ProAct; Margaret Gannon, CSEQ Health Benefits

Call to Order

Ms. Shawley, Vice Chair, called the meeting to order at 2:05 p.m.

Vice Chair's Report

Ms. Shawley reported the Board met last week and approved several resolutions, including a new procurement policy that has been worked on by the Consortium's Audit Committee. Authorization was given to the Audit Committee to select a company to audit medical claims and approved the creation of a line item in the budget for claims auditing. The Board also adopted a resolution to proceed with a certification process for new employees effective May 1, 2014. A recertification process for existing employees will also take place in the coming year.

Ms. Drake reported Beth Miller of Excellus is working on scheduling a time to meet with health insurance clerks to go over questions and process issues. Anyone needing a copy of the forms can contact the Administrative Clerk.

Ms. Shawley also reported a resolution adopted authorizing a unique prescription drug plan design for the City of Ithaca. The Board also approved the Medicare Supplemental Benefits plan which was another big milestone for the Consortium. Those plans are now being submitted to the New York State Department of Financial Services for approval.

At the request of Don Barber Ms. Shawley distributed copies of a resolution approved by the Board of Directors to negotiate contracts with Ignite Health and Interactive Health Solutions to conduct pilot wellness screening programs. This is an initiative of the Owning Your Own Health Committee and after a lengthy review the Committee has learned that individual customized wellness screening and coaching programs seem to have the most success in municipal environments. They are at a point where they will be testing these two programs to see what would be effective as a step in getting the Consortium's wellness activities off the ground. The pilot programs will run for six weeks with 30 employees in each and will be of no cost to the Consortium and participation in the programs does not commit the Consortium to any future expense. The pilot programs will run in the City of Ithaca and the City of Cortland. A questionnaire will be developed for participants who complete the program to describe their interactions and satisfaction with the wellness program they used.

Mr. Cook explained how the programs will work and the services that will be provided by the programs and how the two programs differ. He stressed there will not be an ability to gauge health or change a risk factor in a six week period.

Consultant Update

Ms. Taber distributed rates for the Medicare Supplement Plan that was approved at the last Board of Directors meeting. She stated the rates are slightly less than the current rates retirees enrolled in the current plan would be paying. Ms. Taber also reported Locey and Cahill is in the process of developing the plan document and once developed it will need to be approved by the State. Ms. Drake clarified that at its last meeting the Board of Directors approved the Medicare Supplement Plan; however, did not have the rates at that time. The Board will approve rates at its next meeting. She further said the resolution that was approved by the Board stated the option would be available January 1, 2015; however, there was some discussion of having it available as soon as it is approved by the State.

Update on Flex Spending Account and Employee Assistance Programs

Ms. Taber said there is nothing new to report; Mr. Locey is still working on setting up meetings with providers. She said Mr. Locey will be speaking to EBS RMSCO about a price quote they provided that he felt was too high.

Discussion of Health Plan Medal Options

Ms. Taber said the Board of Directors would like to move forward with approving new health plan options based on the Medal levels established by the Affordable Care Act. The plan options would be available as an offering to Consortium members. She distributed a copy of a draft resolution to add these medal level plan options for consideration by the Committee.

Ms. Drake said at the last meeting Mr. Locey agreed to provide some comparisons of the current health plans to the proposed Platinum plan and asked if that had been done. Ms. Taber said she was not provided with that information; however, that information would not be needed to act on the resolution as this is being proposed as an additional plan and not a replacement. Ms. Drake said she believes the request was made so that this Committee could understand what the current plans are and how they match up to the language presented to the new plans. She said there have been opinions expressed that the Consortium's current plans are better than the plans being presented. Ms. Taber said currently the Consortium has

community-rated plans and Mr. Locey would like Excellus to provide an experience-rate for the plans.

Mr. Murphy asked why new plans were being developed. Mr. Taber said there have been requests by municipalities, and not necessarily for collective bargaining purposes. She said a new plan may provide an option for a municipality to provide basic medical coverage to some employees who are not currently covered that employers are now being mandated to offer benefits to and also, some employees may not be able to afford the premium of the higher level plan and this would provide an additional option. Ms. Shawley said she believes another reason for developing the plan options is to keep up with the market place.

Mr. Murphy said he would like to see what the experience-rate would be for the new plans as opposed to what Excellus is charging. This is being worked on for the next meeting.

Mr. Licitra said this Committee has talked about showing a comparison of consolidating some of the existing plans that are being offered and said he would like to see that before moving forward with other options.

Ms. Drake called attention to the spreadsheet provided by Ms. Taber and noted Tier 2 and 3 are at a percentage amount rather than a dollar amount and asked that Mr. Locey make a correction if needed.

Following a brief discussion of deductibles Mr. Logue stressed it is important that deductible levels are clearly stated within the documents.

Ms. Taber explained the actuarial value of the plans and said each year the plans will be reviewed to make sure they are meeting the actuarial value. Mr. Murphy provided clarification that Ms. Taber agreed was correct. He stated there could be multiple plans within the Platinum level as long as the total package is set at 90%. Mr. Licitra would like to see a matrix of plans that are currently offered by the Consortium to help in identifying future plans that can be considered and that municipalities could be encouraged to move toward that would help streamline plans within the Consortium. He believes that before offering new plans the Consortium should do an analysis and understand what currently exists in its plans. Mr. Licitra asked that information be made available in the agenda for the next meeting.

New Business

Ms. Ahmadipour reported ProAct is working on organizing the upcoming flu clinic.

Old Business

There was no old business.

Approval of Minutes of April 3, 2014

The approval of minutes from the April 3, 2014 meeting was deferred to lack of quorum.

Next Meeting

It was agreed that meetings for the remainder of the year will begin at 1:30 p.m.

Joint Committee on Plan Structure and Design
May 1, 2014

Adjournment

The meeting adjourned at 3:05 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk