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Board of Directors Meeting
March 26, 2015 – 5:30 pm - Old Jail Conference Room
(free parking in County lots after 5:00 pm)

1. Call to Order
2. Approval of January 22, 2015 Minutes (**VOTE**) (5:30)
3. Changes to the Agenda
4. Chair's Report: (5:35) J. Drake
 - a. Fill Committee Vacancies
5. Executive Director's Report (5:45)
 - a. Dependent Verification Process status
 - b. 2015 Education Retreat
 - c. CAPA, Niagara County
 - d. Benefit Clerk Appreciation Event
6. Report from Consultant (6:00) S. Locey
 - a. 2014 Financial Report
7. ProAct Utilization Report (6:15) A. Masucci
8. Report from Audit and Finance Committee (6:35) S. Thayer
 - a. **Resolution:** Approve Town of Willet and waive Surplus reserve fee
9. Report from Joint Committee on Plan Structure and Design (6:40) S. Weatherby
 - a. Bronze Plan introduction
10. Report from Owing Your Own Health Committee (6:50) M. Cook
11. MCA Committee report (7:00)
11. Adjournment (7:05)

Next Meeting: May 28, 2015

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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Board of Directors
January 22, 2015
5:30 p.m.

Draft 1/24/2015

Scott Heyman Conference Room

Municipal Representatives: 13

Steve Thayer, City of Ithaca; Mack Cook, City of Cortland; John Fracchia, Town of Caroline; Mary Ann Sumner, Town of Dryden (arrived at 5:40 p.m.); Judy Drake, Town of Ithaca; Kathy Miller, Town of Lansing; Peter Salton, Village of Cayuga Heights; Chuck Rankin, Village of Groton; Michael Murphy, Village of Dryden; Richard Goldman, Town of Ulysses; Laura Shawley, Town of Danby; Herb Masser, Town of Enfield; Genevieve A. Suits, Village of Homer

Labor Representatives: 1

Scott Weatherby, 1st Labor representative (Chair, Joint Committee on Plan Structure and Design);

Excused: 3

Glenn Morey, Town of Groton; Deb Prato, Tompkins County; Rordan Hart, Village of Trumansburg

Absent: 1

Doug Perine, 2nd Labor representative (President, Tompkins County White Collar, CSEA)

Others in attendance:

Don Barber, Executive Director; Steve Locey, Locey & Cahill; Rick Snyder, Tompkins County Finance Director; Ashley Masucci, ProAct; Sharon Dovi, Tompkins Cortland Community College Human Resources; Beth Miller, Excellus

Call to Order

Ms. Drake, Chair, called the meeting to order at 5:32 p.m. and welcomed the Village of Homer to the Consortium.

Approval of Minutes – December 18, 2014

It was MOVED by Mr. Salton, seconded by Mr. Cook, and unanimously adopted by voice vote by members present, to approve the minutes of December 18, 2014 as submitted. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda.

Chair's Report

Ms. Drake provided a look back on 2014 and highlighted the following accomplishments:

- The Consortium had a net income of \$4 million with a total of \$15 million for the four years of the Consortium's operations (\$6 million is in reserves);
- Established a Rate Stabilization Reserve;
- Approved a 5% premium rate increase for 2015 (versus 8-9% in the industry);
- The Consortium ended the year with \$37 million in revenue with paid claims being 92% of expenses;
- The Village of Homer joined; and
- There were over 5,200 covered lives.

Ms. Sumner arrived at this time.

Operations:

- Two benefit plans were added (Medicare Supplement and the Platinum Plan);
- Ten flu clinics were conducted;
- An audit of medical claims was initiated;
- A dependent recertification process was started;
- The position of Executive Director was created;
- Ms. Drake and Ms. Miller visited the municipalities and brought them plan information and had discussion of their responsibilities and the recertification process;
- Several policies were adopted, including the proration of premiums policy; Code of Ethics, Procurement Policy, external appeal agreements with ProAct and Excellus, and the Board amended the initial investment policy to allow the Board to waive the initial investment requirement for smaller municipalities; and
- The Board of Directors took 48 actions, including 31 resolutions and 4 motions

Highlights:

- Completed the Department of Financial Services Audit;
- Conducted the bio-metric screening pilot programs and moved forward on wellness initiatives; and
- Held the first educational retreat

The Executive Committee is meeting quarterly to go review and follow the work of the Executive Director and future goals in 2015 that include:

- Outreach to participating municipalities and bargaining units;
- Establish an annual benefit clerk retreat;
- Complete the medical claims audit and start a prescription drug claims audit;
- Conduct the second annual Education Retreat;
- Adopt a full complement of Affordable Care Act metal level plans,
- Review Municipal Cooperative Agreement; and
- Issue an RFP for Consortium Auditor and Actuary

Establishing Subcommittee to Review Municipal Cooperative Agreement (MCA)

Mr. Barber said the New York State Department of Financial Services recently sent him a letter stating they had reviewed the 2014 amendment to the MCA and they had no comments on the amendment but did have comments on other sections of the Agreement. They identified eight areas they would like reviewed. At today's Audit and Finance Committee meeting there was discussion of other aspects of the MCA that could be looked at as well. He reminded Board members that they are to go back to their municipal boards to review the document and bring forward any suggested areas for review by March 1st.

MOTION NO. 001-2015 – CREATION OF SUBCOMMITTEE TO REVIEW AND PROPOSE CHANGES TO THE MUNICIPAL COOPERATIVE AGREEMENT

It was MOVED by Ms. Sumner, seconded by Ms. Shawley, and unanimously adopted by voice vote by members present.

RESOLVED, That the following individuals are hereby appointed to serve on the 2015 Municipal Cooperative Agreement Review Subcommittee: Mack Cook, John Fracchia, Kathy Miller, Judy Drake, and Genevieve Suits.

* * * * *

Executive Director’s Report

Mr. Barber reported on the progress of the medical claims audit and said it is proceeding on schedule. He distributed copies of the Orientation Manual he developed and said his goal is to meet with every participating municipality and bargaining unit over the next six months to discuss the contents of the Manual and to answer questions. He also reported that he, Mr. Locey, and the Executive Committee will be meeting with the Cayuga Area Physicians Alliance tomorrow to discuss the Clinical Integration Program. Next week he will be traveling to Niagara County to provide information and answer questions about the Consortium. They have done a lot of the preparation work and are moving towards launching a similar Article 47 Consortium.

Mr. Barber said he will be working on scheduling a second education retreat in May and the focus will be on building a benefit plan. A very well-written white paper that was developed by Mr. Locey will be used as a template for the retreat. Ms. Drake said it will be helpful to invite benefit administrators to attend and to also have time for attendees to network and share ideas. Ms. Sumner asked that an update on the Affordable Care Act be included in the topics presented at the retreat.

Mr. Barber reported on the status of the recertification process and said six municipalities have completed the process and there have been a few ineligible individuals identified. One person was also identified to be eligible who has been added for coverage. He will be asking benefit clerks to report back that the process was conducted and to let the Consortium know if any ineligible spouses or dependents were identified and if so, how many. There are a few municipalities that are continuing to deal with collective bargaining issues related to the process.

Consultant’s Financial Report

Mr. Locey said financial information was distributed prior to the meeting containing preliminary year-end information. He reviewed the following highlights contained in the document:

- The Consortium had to pay a substantial amount of money in December 2014 for the Affordable Care Act Transitional Reinsurance Program. This was a one-time payment that was required to be paid in 2015; however, after a discussion with Mr. Snyder it was decided to pay and close this out with 2014 funds;
- The Consortium ended 2014 with slightly over \$4.3 million in net income and had an ending balance of \$15 million;
- Total liabilities and reserves were approximately \$6 million and there is an unencumbered balance at this time of \$9 million;

- With regard to the budgeted versus actual result, premium income was slightly lower than what was budgeted because the County negotiated some changes to its prescription drug plan that went into effect in 2014 which ultimately resulted in a decrease in claims as well;
- Overall expenses were approximately 2.5% below budget and the Consortium ended the year with \$4.3 million in income versus \$4.7 million;
- A total of 92% of expenses were used to pay claims. Mr. Locey noted in order to be deemed an acceptable loss ratio by the Affordable Care Act that percentage has to be at least 85%. This demonstrates that the Consortium is operating in an extremely efficient manner.
- A second request to the Department of Financial Services to waive the requirement for the Consortium to purchase aggregate Stop Loss insurance will be made again in 2015;

Mr. Locey explained the requirement for Aggregate Stop Loss Insurance which is protection over the entire population of claims. He said claims have to exceed expected claims by 125% and then the insurance will kick in. There are two problems with this insurance; first, the Consortium would have to be off-budget by 25% and second, the coverage only reimburses for up to \$1 million. He said the Consortium has more than enough in its fund balance to cover the 25% and the \$1 million and sees no need for this \$70,000 annual expense.

Mr. Barber said the Consortium's claims have been running just under one percent of what has been predicted. In order for the Aggregate Stop Loss to kick-in the Consortium would have to be off in its predictions by 25% which is extremely unlikely given its history. This information was shared with the Department of Financial Services and the additional requested information will be supplied when it becomes available. Mr. Locey said when the review of the MCA takes place it may be an opportunity to look at requesting some legislative relief on some topics because this Consortium is the first to start-up under Article 47 and it can communicate what some of the issues have been as a lot of things have changed since the law was first written in the early 1990's.

Excellus – 2014 Review

Ms. Miller provided the following report:

The year 2014 marks the completion of the fourth consecutive successful year of The Greater Tompkins County Municipal Health Insurance Consortium existence. In the short term the Consortium survived an Audit from the New York State Department of Financial Services, moved to an upgraded claim processing system with Excellus BCBS, transitioned to a new Prescription Drug Manager, ProAct, and welcomed the addition of The City of Cortland and Town of Lansing to the Consortium. 2014 was a busy year filled with challenges and positive changes for The Greater Tompkins County Municipal Health Insurance Consortium. Don Barber was named Executive Director. He assumed the role with many new initiatives to enhance the individual municipalities and their employee understanding the purpose behind the Consortium. She said Mr. Barber explained to members why the Consortium was formed and their responsibility as members of this unique opportunity. He also championed the September 2014 Retreat Program which was a learning opportunity for not only Board members but community individuals to learn the ins and outs of the Consortium's operations plus the how's and why's of the Consortium.

The Greater Tompkins Consortium Board is supported by several special committees that keep them informed and help propose new ideas, products and/or process improvements to benefit the operation of the consortium. In 2014 the Audit and Finance Committee merged into

one committee to better service the Board. The Audit and Finance Committee was instrumental in bringing the Membership Recertification Process and the Medical Claims Audit, currently in process to the board for approval. The Audit and Finance Committee collaborates closely with Steve Locey, the Consultant, to maintain strong reserves, a positive cash flow while negotiating with vendors for the lowest possible administration rates, including Stop Loss contracts.

The Owing Your Own Health (OYOH) Committee implemented a pilot biometric screening program with involvement from the both the City of Ithaca and the City of Cortland. They continue to adopt low-cost wellness awareness programs by utilizing existing community and vendor programs. The Committee receives support from both the medical and prescription vendor. They executed a successful flu shot clinic through ProAct with numerous locations, which was well-received by members.

The Joint Committee on Plan Structure and Design, chaired by Scott Weatherby had a busy year too. They submitted recommendations for the Board to approve two new products to the Consortium's menu of plan offerings. Both the Classic Blue Medicare Supplement plan and the Platinum metal level look a-like plan were approved by the Board. These two products came at a critical time for the Consortium to not only maintain contracts but grow contracts. The existing groups within the Consortium expanded their individual offerings plus the Consortium was able to attract new groups, such as the Village of Homer who became effective January 2015. They continue to review new plan designs and work with the individual municipality's to foster productive discussions to strengthen the consortium's position in terms of membership and market share growth.

The Greater Tompkins County Municipal Health Insurance Consortium was created with a mission in mind; to pool resources of the different municipalities to leverage purchasing powers to obtain health care services at a lower cost while spreading potential losses over a larger number of policyholders. The Consortium currently provides coverage for over 5,000 members with an annual budget of over \$37 Million. In the years to come, the Consortium will work through the challenges of Health Care Reform regulations fees and taxes, state and federal mandated benefits, and advancements in medical technology, medical care inflation, and new drug therapies. However, unlike others, the Greater Tompkins County Municipal Health Insurance Consortium has people who are willing to make it happen!

Ms. Drake thanked Ms. Miller and Ms. Masucci for attending and participating in the Consortium's committee meetings.

Report from the Audit and Finance Committee

RESOLUTION NO. 001-2015 - AMENDMENT TO RESOLUTION NO. 018-2014 - AMENDING RECERTIFICATION PROCESS TIMELINE

MOVED by Mr. Thayer, seconded by Mr. Rankin. A voice vote resulted as follows: Ayes – 13, Noes – 0, Abstentions -1 (Cook); Excused – 3 (Prato, Hart, and Morey); Absent – 1 (Perine). RESOLUTION ADOPTED.

Mr. Barber noted that the end-date of the process is not changed by this resolution; what has changed pertains only to changing the Amnesty period from January 31st to February 28th.

RESOLVED, on recommendation of the Audit and Finance Committee, That Resolution No. 018-2015 adopted September 25, 2014 is amended as follows (with changes in bold):

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, at GTCMHIC's inception all employees were transferred into the Consortium without verification that their spouse and/or dependents were still valid as defined by their benefit plan, and

WHEREAS, changes occur in employees lives with marriage, divorce, child birth, adoptions that may not become known to the health insurance provider, and

WHEREAS, Consortium Board Resolution No. 005-2014 approved forms and eligibility guidelines for ensuring that spouses and/or dependents of new hires after May 1, 2014, meet consistent requirements and provide consistent documentation to confirm that their relationship with the insured complies with the Consortium's eligibility guidelines, and

WHEREAS, The Greater Tompkins County Municipal Health Insurance Consortium has a responsibility to all employees and employers to ensure that the Plan covers only eligible spouses and/or dependents, and

WHEREAS, the Audit and Finance Committee has developed an internal process utilizing each municipalities benefit clerk to implement the recertification of spouses and/or dependents of all contracts that provides necessary information for verification of eligibility while safeguarding privacy, now therefore be it

RESOLVED, upon recommendation of the Finance and Audit Committee, the Board of Directors hereby approves the 2014/2015 Recertification Plan including forms and guidelines for verification of spouse and/or dependent status for all contracts, active and retired, of the Consortium,

RESOLVED, further, That the municipal partners will be instructed and expected to execute the same verification process for consistency of results and will report such results to the Consortium,

RESOLVED, further, That the Recertification Plan provides an appeals process from May 1 through June 30, 2015 that will be administered by the Appeals Committee,

RESOLVED, further, That the verification process will begin on November 1, 2014 with an amnesty period until February 28, 2015 **for those participants without the additional collective bargaining step** for the removal of any ineligible spouse and/or dependents without penalty and therefore eligible for COBRA,

RESOLVED, further, That for those participants and contracts with the additional collective bargaining step, the amnesty period for those contracts covered by the impact bargaining process, the amnesty period will continue until two (2) months after the collective bargaining process on dependent certification has been ratified, and

RESOLVED, further That any ineligible covered lives discovered after February 28, 2015, **or two months after impact bargaining ratification for those affected contracts** may be subject to reimbursement of premium paid by the employer since the change in status or January 1, 2011 whichever is later and the ineligible person will not be eligible for COBRA.

* * * * *

RESOLUTION NO. 002-2015 - RECOMMENDATION OF TEMPLATE LANGUAGE FOR MUNICIPALITIES JOINING THE CONSORTIUM

MOVED by Mr. Thayer, seconded by Ms. Sumner, and unanimously adopted by voice vote by members present.

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors recommends the following template language be included in resolutions adopted by municipalities joining the Consortium:

“RESOLVED, That the municipality's Board hereby directs the Mayor/Supervisor to sign the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) Municipal Cooperative Agreement (MCA), submit copies of financial information required by the GTCMHIC (up to two years of State Comptroller AUD reports), supply contract population data of all employees/retirees eligible to be covered by the Consortium and benefit plan for each, and comply with the dependent verification requirements of the GTCMHIC,

RESOLVED, further, That the municipality's Board hereby directs the Supervisor/Mayor to inquire if a Surplus Reserve payment is required before coverage can begin and if so forward a voucher to this Board for that amount and the terms of the Surplus Reserve Funds return.”

* * * * *

Mr. Thayer reported at today's Audit and Finance Committee meeting Jerry Mickelson of CDLM provided a pre-audit planning overview for the audit that will commence in mid-March. The Committee will not meet in February.

Report from the Joint Committee on Plan Structure and Design

Mr. Weatherby, Chair, reported at the January 8 meeting the Committee discussed the expectations and role of the Committee relative to the Consortium. The Committee began reviewing the Bronze Plan and will continue discussion at the next meeting. Mr. Weatherby said the Committee is having difficulty getting quorum at meetings and a workgroup was formed to reach out to the membership and to verify contact information. He said one issue that may need further discussion is the inclusion of employees who are not represented by a bargaining group. Following a brief discussion it was clarified the MCA outlines the membership of the Committee and it is designed to include a representative of each municipality and each bargaining unit; it does not include a provision for membership by non-labor groups of employees. Mr. Barber said an amendment of the MCA would be required to change the membership and this is something that can be considered by the Committee as a proposed amendment to the MCA Review Subcommittee.

Mr. Murphy said one issue that was raised was that not all municipalities allow labor representatives to attend during work time. Ms. Sumner said she recently convinced the Town of Dryden's Highway Superintendent to allow its representative to attend during the work day and offered for him to speak with others if it would help. Ms. Drake asked Board members to speak to their collective bargaining groups and if it is alright for them to attend to make sure they know it is and to also inform them of their ability to use a proxy form. She said the conversations that take place at the Committee meetings are very valuable and noted this lack of quorum doesn't look good on the Consortium's audit.

Ms. Miller said there is no doubt all municipalities are saving money by being a member of the Consortium and said she supports labor attending meetings during work time.

Mr. Salton expressed concern over the short review process for the MCA by municipal boards. He said the document is a lengthy and important document and in the future the process should be started earlier. Suggestions should be made by municipal boards by resolution or by labor members of the Board and submitted to the Administrative Clerk.

Report from the Owning Your Own Health Committee

Mr. Cook, Chair, reported the Committee continues to work on the challenge of changing the culture of wellness in the municipal environment. The Committee will be making efforts to encourage each municipality to adopt a wellness policy. Mr. Cook said having a wellness policy is important for several reasons, including that it operates as a vehicle by which wellness committees can be organized at the local level and from those committees additional representatives can be brought into the Owning Your Own Health Committee.

Mr. Cook said Ms. Masucci did a great deal of work organizing the flu clinics in 2014 at which 347 of the Consortium's covered lives participated. Ms. Miller will be reporting how many people received the vaccination through the medical claim side. Ms. Sumner said she would be interested in seeing information on how many claims were processed on the medical side from individuals who had the flu. Mr. Cook said the Committee will be gathering additional data to evaluate the effectiveness of offering the flu clinics. Mr. Cook said another point that was made at the last meeting was that the flu clinics have tremendous public relations value because it is a benefit that covered lives can relate directly to the Consortium.

He also reported the Committee is developing a wellness model based on a model that currently exists in a consortium-setting in Cayuga County. The Committee is engaged in conversations and will be duplicating some aspects of that program. One thing that has emerged from conversations is that movement towards a wellness environment must be done by "crawling" as it will be a very slow process that will need to be flexible and unintrusive. Mr. Cook said the Committee is also working on expanding its representation and encouraged members to consider participating. A look will be taken at various technical options might exist to reach out and engage to members. The Committee has rescheduled its meetings from 9:30 a.m. on the 3rd Wednesday of each month to 2 p.m.

Mr. Cook said he plans to come back to the Board in the summer to talk about how a Consortium-wide incentive program may work in this type of environment.

Orientation Manual

Mr. Barber reviewed the contents of the Orientation Manual; Ms. Drake suggested the policy on prorating premiums be included in the Board policy section of the Manual.

Adjournment

On motion the meeting adjourned at 6:50 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



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DRAFT

RESOLUTION NO. – 2015 - ACCEPTANCE OF APPLICATION BY THE TOWN OF WILLETT TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH CONSORTIUM

WHEREAS, by Resolution No. 005 of 2012 and amended by Resolution No. 27 of 2014 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of Willett has submitted an official resolution authorizing the Town of Willett to join the Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, the Town of Willett has complied with membership process outlined in Resolution No. 005 of 2012 and amended by Resolution No. 027 of 2014 and has submitted copies of financial reports which have been reviewed and found acceptable by the Consortium's Treasurer, Chief Financial Officer and/or the Consortium's Auditor, now therefore be it

RESOLVED, That the Greater Tompkins County Municipal Health Insurance Consortium, accepts and welcomes the Town of Willett as the 17th municipal participant, with health insurance coverage beginning May 1, 2015,

RESOLVED, further, That the Board of Directors waives the requirement of payment of 5% of premium to the Surplus Reserve Account,

RESOLVED, further, That the Board of Directors determines that the terms of assessing the pro-rata share of any surplus or deficit to the applicant shall at the time the applicant leaves the Consortium or upon dissolution of the Consortium shall be based on their share of any deficit or being paid their share of any surplus that was generated during their years of participation. The Board of Directors would identify the surplus or deficit which exists on the date of entry and again on the date of withdrawal or dissolution and bill or pay the applicant accordingly.

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum Plan Benefit Option

Draft

Plan Benefit and Cost Sharing Highlights		GTCMHIC Standard Bronze Plan		Current Town of Ithaca - PPO Plan	
Cost Sharing		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	\$3,500 Combined In-Network and Out-of Network		\$0	\$250
	Family	\$7,000 Combined In-Network and Out-of Network		\$0	\$750
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Copayments)</i>	Individual	\$6,350 Combined In-Network and Out-of Network		N/A	\$1,000
	Family	\$12,700 Combined In-Network and Out-of Network		N/A	\$3,000
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$6,350	Not Applicable	N/A	N/A
	Family	\$12,700	Not Applicable	N/A	N/A
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Visits		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Adult Routine Physical Exams		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Adult Immunizations		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Mammography		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Pap Smears		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Routine Gynecological Exams		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Prostrate Cancer Screenings		20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Colonoscopies		Preventive Screenings Covered in Full	40% After Deductible	Preventive Screenings Covered in Full	20% After Deductible
Family Planning Services		Covered In Full	40% After Deductible	Covered In Full	20% After Deductible

Greater Tompkins County Municipal Health Insurance Consortium

2015 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Bronze Plan		Current Town of Ithaca - PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Office Services				
Diagnostic Office Visits	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Diagnostic X-Rays	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Diagnostic Laboratory and Pathology	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Allergy Tests	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Allergy Injections	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Chemotherapy	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Radiation Therapy	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Maternity Services				
Prenatal Services	Covered In Full	40% After Deductible	Covered In Full	20% After Deductible
Hospital Care for Mother (includes delivery)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Newborn Nursery Care	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Prescription Drug Benefits				
Retail Pharmacy (limited to a 30-day supply)	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered
	Tier 2 \$35	Not Covered	Tier 2 \$20	Not Covered
	Tier 3 \$70	Not Covered	Tier 3 \$35	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered
	Tier 2 \$70	Not Covered	Tier 2 \$40	Not Covered
	Tier 3 \$140	Not Covered	Tier 3 \$70	Not Covered

Greater Tompkins County Municipal Health Insurance Consortium

2015 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Bronze Plan		Current Town of Ithaca - PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Benefits				
Hospital Benefits (unlimited days)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Physician Visits in the Hospital	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Inpatient Physical Rehabilitation (60-day limit)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Surgery (Physician's Fee)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Anesthesia	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Emergency Care				
Emergency Room Care	20% After Deductible	40% After Deductible	\$35 Copay	\$35 Copay
Freestanding Urgent Care Center	20% After Deductible	40% After Deductible	\$25 Copay	20% After Deductible
Ambulance	20% After Deductible	40% After Deductible	\$10 Copay	\$20 Copay
Outpatient Hospital Benefits				
Diagnostic X-Rays	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Diagnostic Laboratory and Pathology	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Surgical Care Facility Fee	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Chemotherapy	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Radiation Therapy	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Mental Health and Chemical Dependence				
Inpatient Mental Health Care (unlimited days)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Outpatient Mental Health Care (unlimited visits)	20% After Deductible	40% After Deductible	\$10 Copay Per Visit	20% After Deductible
Inpatient Chemical Dependence	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Outpatient Chemical Dependence	20% After Deductible	40% After Deductible	\$10 Copay Per Visit	20% After Deductible

Greater Tompkins County Municipal Health Insurance Consortium

2015 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights	GTCMHIC Standard Bronze Plan		Current Town of Ithaca - PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services				
Diabetic Insulin and Supplies	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Skilled Nursing Facility (limited to 200 days/year)	20% After Deductible	40% After Deductible	Covered In Full (110 days)	20% After Deductible
Home Care (limited to 40 visits per year)	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Hospice Care	20% After Deductible	40% After Deductible	Covered In Full	20% After Deductible
Outpatient Therapy (45 visits per condition/lifetime) (physical, speech, and occupational)	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Durable Medical Equipment	20% After Deductible	40% After Deductible	20% Coinsurance	20% After Deductible
External Prosthetics	20% After Deductible	40% After Deductible	20% Coinsurance	20% After Deductible
Chiropractic Care	20% After Deductible	40% After Deductible	\$10 Copay	20% After Deductible
Acupuncture (10 Visits Per Calender Year Combined In/Out Network)	Not Covered	Not Covered	50% Coinsurance	Not Covered
Hearing Aids (Age <19 single purchase once every 3 years)	20% After Deductible	40% After Deductible	Not Covered	Not Covered
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Routine Vision Exam (one per year)	Not Covered	Not Covered	Not Covered	Not Covered
Adult Diagnostic Vision Exam	20% After Deductible	40% After Deductible	\$10 PCP / \$10 Spec Copay	20% After Deductible
Adult Eyewear	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Routine Vision Exam (one per year)	Not Covered	Not Covered	\$10 PCP / \$10 Spec Copay	20% After Deductible
Pediatric Eyewear	Not Covered	Not Covered	\$60 Annual Allowance	\$60 Annual Allowance

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum Plan Benefit Option

Plan Benefit and Cost Sharing Highlights		GTCMHIC Standard Bronze Plan		Current Town of Ithaca - PPO Plan	
Dental Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Dental Care		Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventive and Routine		Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Major Dental Care and Medical Ortho		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.)		20% After Deductible	40% After Deductible	Not Covered	Not Covered
Monthly Premium Rates		Individual	Family	Individual	Family
<i>2015 Fiscal Year - Tompkins County</i>		<i>\$315.26</i>	<i>\$819.68</i>	<i>\$780.19</i>	<i>\$1,689.19</i>
<i>Wellness Plan Included</i>		<i>YES</i>		<i>NO</i>	
<i>Health Savings Account Eligible</i>		<i>NO</i>		<i>NO</i>	
<i>Employer Annual Contribution (Assumes 80%)</i>	<i>Individual</i>	<i>\$3,026.50</i>		<i>\$7,489.82</i>	
	<i>Family</i>	<i>\$7,868.93</i>		<i>\$16,216.22</i>	
<i>Employee Annual Contribution (Assumes 20%)</i>	<i>Individual</i>	<i>\$756.62</i>		<i>\$1,872.46</i>	
	<i>Family</i>	<i>\$1,967.23</i>		<i>\$4,054.06</i>	