



Greater Tompkins County Municipal Health Insurance Consortium

P.O. Box 7 • Ithaca, New York 14851 • (607) 274-5590

Headquarters: 215 N. Tioga Street, Ithaca, NY 14850

www.healthconsortium.net • consortium@tompkins-co.org

"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."

RESOLUTION NO. 051 - 2023 – AMENDMENT TO RESOLUTION NO. 032- 2022 THAT AMENDED RESOLUTION NO. 011-2020 “AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM’S MENU OF BENEFIT PLAN OFFERINGS” BY RESTRICTING PLAN ENROLLMENT

MOVED by Ms. Holmes, seconded by Mr. Salton, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances

WHEREAS, to achieve administrative efficiencies the Consortium removed from the Consortium’s Menu of Benefit Plan Offerings effective January 1, 2021 the following benefit plans:

Indemnity Plan MM3

Plan Description:

MM3 – Basic Benefits with “Major Medical” \$100/\$200 Deductible & \$750/\$2,250 Out-of-Pocket Maximum

Medicare Supplement Plans MS1. MS2. MS5, and MS6

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

MS2 - Medicare Supplement Plans with \$5/\$15/\$30 Rx Copay Plan

MS5 - Medicare Supplement Plans with 20%/20%/40% Rx Copay Plan

MS6 - Medicare Supplement Plans with 20%/30%/50% Rx Copay Plan

, and

WHEREAS, to maintain continued administrative efficiencies the Consortium removed from the Consortium’s Menu of Benefit Plan Offerings effective January 1, 2023 the follow benefit plans:

Indemnity Plan MM3- Classic Blue MM RX (No ProAct Prescription Coverage)

Plan Description:

MM3- Classic Blue MM RX \$50/150 Deductible & \$400/ \$1,200 Out-of-Pocket Maximum

PPO3- PPO \$20/35

Plan Description:

PPO \$20/35 with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/ \$2,250 Out of Network Deductible

, and

WHEREAS, per Resolution No. 032-2022, the Consortium voted to remove from the Consortium’s Menu of Benefit Plan Offerings effective January 1, 2024, the following benefit plan:

Comprehensive MM6 Plan

Plan Description:

\$500/\$1500 Deductible & \$2,500 \$7,500 Out-of-Pocket Maximum

Due to End December 31,2023

WHEREAS, to achieve further administrative efficiencies the Consortium wishes to continue consolidation and streamlining its menu of benefit plan offerings, and

RESOLUTION NO. 032- 2022 – AMENDMENT TO RESOLUTION NO. 011-2020 “AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM’S MENU OF BENEFIT PLAN OFFERINGS” BY RESTRICTING PLAN ENROLLMENT

WHEREAS, although included in the menu of benefit plan offerings, there are medical and prescription drug plans that are not being utilized by Consortium Participants and have no one enrolled or less than five Participants, now therefore let it be

RESOLVED, on recommendation of the Operations Committee and the Joint Committee on Plan Structure and Design, That the Executive Committee, on behalf of the Board of Directors, hereby Amends Resolution No. 032-2022 and Resolution No. 011-2020 “Authorization by the Board of Directors to Remove Benefit Plans from the Consortium’s Menu of Benefit Plan Offerings” to include the following benefit plans be removed from the Consortium’s Menu of Benefit Plan Offerings, and any new Participants will be restricted from enrolling in the following plans due to low enrollment, to be effective January 1, 2024.

3T11- 3 Tier Prescription Drug Plan

Plan Description:
3T11- 3 Tier 20%/20%/40% Prescription Coverage

3T13- 3 Tier Prescription Drug Plan

Plan Description:
3T13- 3 Tier 20%/30%/50% Prescription Coverage

PPO1 \$10/35 OV Kids \$0

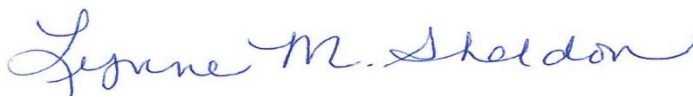
Plan Description:
PPO1 \$10/35 OV Kids \$0 Copay Under 19 for select services with \$1,000/ \$3,000 Out-of-Pocket Maximum & \$250/\$750 Out of Network Deductible.

Indemnity Plan MM1 Classic Blue \$100/300 Medical Plan

Plan Description:
Classic Blue \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

STATE OF NEW YORK)
GTCMHIC) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium Executive Committee on behalf of the Board of Directors on December 13, 2023.



Lynne Sheldon, Clerk of the GTCMHIC Board