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Board of Directors Meeting

July 28, 2016 – 5:30 pm - Old Jail Conference Room

(free parking in County lots after 5:00 pm)

1. Call to Order
2. Approval of May 26, 2016 Minutes **(VOTE)** (5:30)
3. Changes to the Agenda
4. Chair's Report: (5:35) J. Drake
 - a. Notice of Annual Meeting
5. Report from the Executive Committee (5:40)
6. Executive Director's Report (5:45) D. Barber
 - a. Medical Claims Audit
 - b. Logo/Newsletter Updates
 - c. DFS communications
 - d. Potential Members
7. Report from Consultant (5:55) S. Locey
 - a. Financial update
 - b. Pharmaceutical Benefits Manager RFP
 - c. Predicting Specialty Drug Claims for Budgeting
8. Report from Joint Committee on Plan Structure and Design (6:10) P. VanWormer
 - a. Benefit Plan Changes to Maintain Actuarial Values of Metal Level Plans
9. Report from Audit and Finance Committee (6:20) S. Thayer
 - a. **RESOLUTION:** Adoption of 2017 Actuarial Value Targets for Platinum, Gold, Silver, and Bronze Metal Level Benefit Plans **(VOTE)**
 - b. Budget Introduction
10. Report from Owning Your Own Health Committee (6:45) T. Schiele
 - a. **RESOLUTION:** Authorization to Sponsor and Fund Flu Clinics in 2016 and Continue Pharmacy Benefit to Cover Flu Vaccination **(VOTE)**
11. Adjournment (7:00)

Next Meeting: September 22, 2016

Board of Directors
May 26, 2016
5:30 p.m.

Draft 06/02/2016

Scott Heyman Conference Room

Municipal Representatives: 14

Judy Drake, Town of Ithaca; Steve Thayer, City of Ithaca (arrived at 5:32 pm.); Mack Cook, City of Cortland; Rordan Hart, Village of Trumansburg; Betty Conger, Village of Groton; Amy Guererri, Tom-pkins County; Don Scheffler, Town of Groton; Nancy Zahler, Town of Ulysses; Dale Taylor, Town of Virgil; Deborah Cipolla-Dennis, Town of Dryden (excused at 6:45 p.m.); Tom Brown, Town of Truxton (arrived at 5:52 p.m.); Charmagne Rungay, Town of Lansing; John Fracchia, Town of Caroline; Ann Rider, Town of Enfield

Labor Representatives: 2

Phil VanWormer, 1st Labor representative (Chair, Joint Committee on Plan Structure and Design); Olivia Hersey, 3rd Labor Representative

Excused: 3

Peter Salton, Village of Cayuga Heights; Michael Murphy, Village of Dryden; Jim Bower, 2nd Labor Representative

Absent: 4

Laura Shawley, Town of Danby; Genevieve A. Suits, Village of Homer; Tom Adams, Town of Marathon; Alvin Doty, Town of Willet

Others in attendance:

Don Barber, Executive Director; Meghan Feeley, Kayleigh Rascoe, ProAct; Rick Snyder, Treasurer; Matthew Losty, Beth Miller, Rich Lockwood, Excellus; Mimi Theusen, Jerry Mickelson, Insero & Co.; Ted Schiele, Owing Your Own Health Committee Chair

Call to Order

Ms. Drake, Chair, called the meeting to order at 5:32 p.m.

Approval of Minutes of March 24, 2016

It was MOVED by Ms. Hersey, seconded by Mr. Fracchia, and unanimously adopted by voice vote by members present with Mr. Fracchia abstaining, to approve the minutes of May 24, 2016 as corrected. MINUTES APPROVED.

Changes to the Agenda

There were no changes to the agenda.

Chair's Report

Ms. Drake did not have a report. She announced Mr. Hart has offered to serve on the Audit and Finance Committee.

MOTION NO. 001-2016 – APPOINTMENT TO AUDIT AND FINANCE COMMITTEE

It was MOVED by Ms. Drake, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to appoint Rordan Hart to the Audit and Finance Committee for a term expiring December 31, 2017. MOTION CARRIED.

Presentation of 2015 External Audit Report for the Year

Jerry Mikelson and Mimi Theusen presented the results of the 2015 audit report and an unmodified opinion that the Consortium's financial statements presented fairly. Last year \$37.6 million was received in premiums and claims expenses were \$28,750,000, down from \$29,755,000 the prior year. Administrative fees and other expenses were relatively the same and \$6,645,000 was produced in excess of operating expenses, resulting in a net increase of \$6.6 million. He said a new statement was added to the report because of activity that has taken place relative to the reserve accounts. He reviewed the financial results and said the Consortium ended 2015 with a total net position of \$17,827,965 compared to \$10,900,699 in 2015. Mr. Mickelson said the audit results were very positive and there are no ongoing management comments. He said along with the fiscal progress that has been made the administrative progress that has taken place since the inception of the Consortium is also to be credited for the positive report.

Ms. Theusen spoke of how smoothly the process went and expressed her appreciation to the Consortium and particularly to Mr. Snyder and his staff.

Ms. Zahler referred to the Consortium's cash position and asked if those funds are earning interest. Mr. Thayer said local government is restricted on what it can invest funds in and interest rates are extremely low. Mr. Barber commented that he met this week with Marty Cahill and discussed ways that this Consortium and the BOCES health insurance consortium could come together to generate more interest from its funds.

RESOLUTION NO. 010- 2010 - ACCEPTANCE OF EXTERNAL AUDIT REPORT PERFORMED BY INSERO & CO. (CDLM)

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

WHEREAS, the Board of Directors entered into a contract for auditing services with Insero & Co. (CDLM), for the purpose of conducting an external audit of the Consortium's financial records for fiscal year 2015, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the 2015 external audit report prepared and presented to the Board of Directors by Insero & Co. (CDLM) is hereby accepted.

* * * * *

Presentation of ProAct Utilization Report

Ms. Feeley said in 2015 there was total paid pharmaceutical claims in the amount of \$8.5 million which was a 10% increase but this was much lower than increases seen by other ProAct clients. She spoke of the steep increase in specialty drugs and said there was a 17% increase from 2014. For 2015 the total plan-spend for specialty drugs was 28% and accounted for only one percent of the total prescriptions. The full utilization report is available on the Consortium's website under the Resources tab.

Mr. Brown arrived at this time.

Ms. Feeley reported on how the Consortium is doing in comparison to other ProAct clients and said many are experiencing increases way above 10% and many are seeing increases above 20% for specialty drugs. She said she could run a report on what costs could potentially be with new drugs coming on the market. Mr. Barber noted the percentage of generic drug utilization has gone up by 2% which has been very helpful.

Presentation of Excellus Utilization Report

Mr. Losty distributed and reviewed points contained in a summary of 2015 highlights from the full utilization report:

Financial Measures

- The plan experienced a slight increase in membership from 2014 to 2015 (less than 1%). Approximately 50 members were added in 2016.
- Plan cost in 2015 was \$20,975,637 (decrease of 4% compared to 2014).
- Plan cost per member per month was \$348 (decrease of 4% from 2014).
- The plan cost per contract per year was 11% higher than the municipality comparison population. This was 30% in 2012, so the gap is narrowing. Higher average age and lower member cost share are two differences between the Consortium and the 120,000 member comparison.
- Over the past five years, medical plan cost per member increased by less than 2% per year, well below healthcare trends of 7%-9% annually.

Plan Cost Distribution and High Cost Claimants

- 89% of the membership accessed care in 2015, versus the comparison of 83% (same as 2014).
- 80% of the plan cost was driven by 18% of the membership (members with claims greater than \$5,000).
- There were 17 claimants over \$100,000 in 2015, compared to 16 claimants in 2014, however, the average plan cost per claimant over \$100,000 was 13% less than in 2014.
- The number of claimants over \$150,000 decreased from 10 in 2014 to 6 in 2015. Four out of six are forecast to be ongoing.

Utilization

- Inpatient admissions and claims continue to decrease, as more services move to Outpatient Facilities.
- Outpatient claims also decreased, but they represent 43% of overall costs. Outpatient Surgeries, Radiology and Emergency Room visits were the top Outpatient services in 2015.
- Average length of hospital stay increased from 4.8 to 6.1 days; driven by mental health and substance abuse related services. This has been very common in recent years.
- Neoplasm (cancer cases), Musculoskeletal, and Circulatory system claims were the cost-drivers in 2015.
- Emergency Room visits decreased by 5%, and potentially avoidable visits decreased by 15%. Urgent Care visits have increased by 8%, with an increasing number of visits at Cayuga Medical Center and Five Star Urgent Care. Member cost share is much lower than the comparison (4% vs. comparison of 7%). Increased member cost share, such as the Metal-Level plans, will reduce future plan costs.

Mr. Barber referred to the bullet stating “over the past five years, medical plan cost per member increased by less than 2% per year, well below healthcare trends of 7%-9% annually”, and asked if Mr. Losty knew why the Consortium is running at 2% when the industry is running much higher. Mr. Losty said there is no definitive reason but adding new members and having less emergency room usage helps as well as there being fewer high-cost claimants. He added that having members utilize preventive services can also lead to lower costs. Ms. Miller commented that while it was a great year for the Consortium things can change quickly from a financial perspective with high cost claimants.

Rich Lockwood, Chief Medical Officer at Excellus, provided a brief overview of Telemedicine, a new technology that the State is encouraging use of that will lower costs for health plans. The average cost of using an emergency room is \$1,500, urgent care is \$250, an office visit is \$150, and Telemedicine is \$40. He said Excellus is working with a major vendor in the country and in 2017 will offer the MD Live program. The program will allow members to register online and choose a physician that is available and have a visit in ten minutes for routine conditions. It will be a great opportunity for members because of the convenience and the ability to choose a physician. It has been rolled out at Excellus and to date there are 1,700 employees enrolled in the program and there have been 55 episodes of care with no complaints. The MD Live Program is a quality program that has a script that is followed in providing consistent care. Mr. Lockwood said the program has real potential for producing savings and decreasing emergency room utilization. The physicians are New York State licensed physicians who can write non-controlled substances.

Mr. Fracchia asked if there is data to show if Excellus has saved money by using the program and was told it is too early to generate that data. It has shown to save costs and decrease utilization in other areas the program is operating. Mr. Fracchia said as this moves forward he would like to see data to show savings that is being experienced. Mr. Losty said information from this program can be incorporated into the utilization report.

Report from the Executive Committee

RESOLUTION NO. 011-2016 – EXTENSION OF CONTRACT FOR EXECUTIVE DIRECTOR SERVICES – DONALD L. BARBER

MOVED by Ms. Drake, seconded by Ms. Guererri, and unanimously adopted by voice vote by members present.

Ms. Drake said she receives a report every month from Mr. Barber and has an opportunity to review his hours and work performed. The Executive Committee is very pleased with Mr. Barber’s work and is in full support of extending the contract. In response to a question concerning compensation it was stated that the contract makes no provision for an annual increase in pay and that the total paid to Mr. Barber was well below the maximum amount set by the Board. Mr. Fracchia said the Consortium has experienced excellent results from Mr. Barber as Executive Director and it would be appropriate to allow for an increase in compensation; there was agreement by members present. It was agreed that an increase could be worked out at a later time as members did not want to delay approving the extension of Mr. Barber’s contract.

WHEREAS, it was determined in 2013 that based on the increased responsibilities placed on the Consortium by the State and Federal governments, the Affordable Care Act, and the managing of an increased number of contracts it was in the Consortium’s best interest to contract for services of an Executive Director, and

WHEREAS, following the issuance of a request for proposals in 2014 seeking contractors who could fulfil the responsibilities of Executive Director a contract was entered into with Donald L. Barber, and

WHEREAS, the contract will expire on June 30, 2016, and

WHEREAS, the Consortium's Executive Committee which meets with Mr. Barber quarterly to review a work plan and the Consortium's operations believes the Executive Director services provided to the Consortium by Mr. Barber are valuable and important for the Consortium's stability, and has recommended the contract be continued for a two-year period, now therefore be it

RESOLVED, on recommendation of the Executive and Audit and Finance Committees, That the contract for Executive Director Services with Donald Barber be extended through June 30, 2018 under the terms and conditions contained in the original contract.

* * * * *

RESOLUTION NO. 012-2016 – AUTHORIZATION TO CONTRACT WITH AN INDEPENDENT CONTRACTOR FOR CONSORTIUM NEWSLETTER EDITING SERVICES AND EXPENSES

MOVED by Ms. Drake, seconded by Mr. VanWormer, and unanimously adopted by voice vote by members present.

Mr. Barber stated that when the newsletter initiative began he worked with a student at the Park School of Communications who is no longer available. Ms. Jensen has experience putting newsletters together and is interested and willing to take on this work. He doesn't expect the newsletter expense will approach the limit set by the resolution and there may be an opportunity for her to help with the logo as well.

Mr. Fracchia suggested Ms. Jensen look into whether the Adobe Cloud is available and may cost less than the InDesign program she intends to use.

WHEREAS, it has been determined that continued production of the Consortium's newsletter requires editing and layout expertise and knowledge that is currently not available within the Consortium's resources, and

WHEREAS, Jennifer Jensen, has agreed to produce four quarterly issues of the newsletter at an annual cost of \$5,000 if provided with necessary software, now therefore be it

RESOLVED, on recommendation of the Executive and Audit and Finance Committees, That the Consortium enter into a one-year contract through April 30, 2017 with Jennifer Jensen to provide services related to the production of the Consortium's newsletter at total annual cost not to exceed \$5000,

RESOLVED, further, That the amount of \$240/year is hereby approved to cover costs associated with the purchase of software needed to produce the newsletter.

* * * * *

Report from the Audit and Finance Committee

RESOLUTION NO. 013-2016 – APPROVAL OF GUIDELINES FOR MEMBERS CHANGING PLANS

MOVED by Mr. Thayer, seconded by Mr. Hart.

Mr. Thayer said this resolution was tabled at the March 24 meeting and referred to the Joint Committee on Plan Structure and Design for discussion. Mr. VanWormer said there was a spirited discussion at the Joint Committee with members trying to weigh the benefits to the Consortium versus potential hindrances to individuals.

Mr. Barber explained that Mr. Locey has worked with a number of other groups that have a full range of metal level plans. Locey and Cahill has found within their book of business that people are moving from one plan to another plan based on their personal circumstances and this has resulted in adverse risk selection. The intent of this resolution is to make participants aware that the Consortium is affected when people jump between plans because the Consortium has to earn enough money to pay claims. There has been a lot of discussion of the time period and it was noted that the three-year timeframe is a recommendation and is being made at a time when employers are considering adding new plans.

Ms. Hersey said she spoke against this resolution at the Joint Committee meeting. She said for a lot of people when an opportunity presents itself to go to a lower plan they may not have any other option available to them that is affordable. Her vote in opposition to this resolution was to recognize those people who have a very low income and for whom a medical bill for \$3,000 could be catastrophic.

Ms. Guererri said when medical care becomes unaffordable costs tend to go up because people avoid getting care they need.

Ms. Drake noted the resolution also recommends parameters for when open enrollment takes place. It will be up to each municipality to approve rules for these things, the resolution only recommends guidelines.

Mr. Taylor provided a scenario in which a municipality does not adopt this and has a number of employees jumping around between plans and causes additional expenses for the Consortium. He asked what would happen if this resulted in the municipality costing much more than the premium it pays into the Consortium. Mr. Barber said the Consortium cannot dictate to municipalities how they will operate, it can only adjust the premium. If a municipality is not paying enough premium on average to pay claims it will see an increase in premium.

A voice vote on the resolution resulted as follows: Ayes - 14, Noes – 2 (Fracchia and Hersey); Excused – 3 (Salton, Murphy, and Bower); Absent – 4 (Shawley, Suits, Adams, and Doty). RESOLUTION ADOPTED.

WHEREAS, the Consortium has over 100 plan combination options that any of our partners can by resolution add to their list of plans available to their employees, and

WHEREAS, the recently adopted “metal level” plans (platinum, Gold, silver, and bronze) as well as Medicare Supplement have different actuarial conditions for setting premiums than the other Consortium plan offerings, and

WHEREAS, employees frequently changing between these five plans or between any of these five plans and another Consortium plan can have adverse consequences with not enough premium being raised to cover claims, and

WHEREAS, employees staying with their selection of one of these five plans for a period of at least three years will allow for adequate capture of premium for claims, and

WHEREAS, the Consortium does not want to interfere with municipal partners offerings and employees ability to choose, and

WHEREAS, the qualifying events that allow changes in benefit plans at the time of the event are: marriage, divorce, legal separation, annulment, birth, change in legal custody status, dependent ages off, adoption, death, start of or loss of employment, start of or loss of eligibility for Medicare or Medicaid coverage, change in residency, and

WHEREAS, the Consortium Benefit Plans are administered on a calendar year basis, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors recommends to our municipal partners that they each adopt a policy that will restrict individuals changing from the platinum, gold, silver, bronze, and medicare supplement plans to another plan for three years after coverage begins,

RESOLVED, further, That the Audit and Finance Committee recommends that the Board of Directors adopts the policy that all non-qualifying event benefit changes are submitted to the medical plan administrator by December 1 for implementation on January 1.

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**RESOLUTION NO. 014–2016 – AUTHORIZE CONTRACT FOR MEDICAL CLAIMS
AUDITING SERVICES**

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

Mr. Barber briefly summarized the responses and the reasons he and the Mr. Locey recommend the contract be awarded to BMI. Ms. Hersey asked that every effort possible be made to protect personal information of members during the audits.

WHEREAS, The Greater Tompkins County Municipal Health Insurance Consortium (“Consortium”) is a self-insured municipal cooperative health benefits plan operating pursuant to a Certificate of Authority issued in accordance with Article 47 of the New York State Health Insurance Law, and

WHEREAS, being a self-insured medical plan the Consortium is responsible for the payment of claims as adjudicated by the Third Party Administrator, currently Excellus Blue Cross Blue Shield, and

WHEREAS the Board of Directors believes that it is part of their fiduciary responsibility to conduct periodic medical claims audits to ensure the medical claims are paid by Excellus are in accordance with the benefit plan documents, Federal and State Laws, Rules, and Regulations, and industry standard practices, and

WHEREAS, a Request for Proposals for Medical Claims Auditing Services was issued on May 6, 2016 and four responses were received, and

WHEREAS, at the direction of the Audit and Finance Committee, the Executive Director, has worked with the Consultant to provide a recommendation on a qualified professional medical claims audit firm to provide services to the Consortium, now therefore be it

RESOLVED, on recommendation of the Executive Director and Consortium Consultant, That a contract for medical claims auditing services be awarded to BMI Auditing Services to perform medical claims auditing services for the Consortium for the 2016 Fiscal Year,

RESOLVED, further, That upon satisfactory completion of the terms of this contract, a contract may be extended for the 2018 Fiscal Year.

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MOTION NO. 003-2016 - APPROVE ISSUANCE OF REQUESTS FOR PROPOSALS FOR PRESCRIPTION DRUG MANAGER AND CREATE RFP REVIEW COMMITTEE

Mr. Thayer summarized the process, stating the RFP would be released in late June with activity to take place throughout the summer. Responses would be reviewed and candidates interviewed in time for a decision to be made for inclusion in the 2017 budget. The contract would be for 2017-2018 with an option to renew for two additional years. Mr. Barber said the Audit and Finance Committee reviewed the RFP criteria and made adjustments to the weights.

It was MOVED by Ms. Hersey, seconded by Mr. Brown, and unanimously adopted by voice vote by members present, to approve the issuance of Requests for Proposals for Prescription Drug Manager and Create an RFP Review Committee with the following members:

- Judy Drake
- Peter Salton
- Jackie Kippola
- Brooke Jobin
- Jim Bower
- Steve Locey

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Ms. Cipolla-Dennis was excused at this time.

Report on Year-end Jurat (Annual Financial Filing)

Mr. Snyder presented the 2015 year-end financial report that must be filed with the Department of Financial Services and noted most of the information is reflected in the external audit report that was presented earlier in the meeting. He said the Consortium's assets were \$22.1 million which is up from the prior year amount of \$15.4 million (44% increase). The total liabilities were \$4.3 million, down from \$4.5 million in 2014 (4.8%). Total capital surplus is \$17,827,966 (total net position). The total liabilities, capital, and surplus was \$22.1 million which equals the total assets.

Mr. Snyder called attention to new reserves being reported. The amount assigned for Catastrophic Claims was \$1,050,000 and the Rate Stabilization Reserve was \$1,513,287. Total revenues were \$37.7 million which is up from the prior year by \$1.5 million (4.2%). The total hospital and medical amount was \$29 million which is down by \$1,091,000 from the prior year (3.6%). Total administrative expenses remained relatively the same at \$1.9 million and the net income was \$6,658,000 (increase of \$2,591,974 (63.7%). Lastly, Mr. Snyder reviewed a comparison of financial results since the Consortium began operations in 2011.

Mr. Barber commented that a representative from the Consortium's Stop Loss carrier, HighMark, attended the Audit and Finance Committee meeting and provided some valuable information to the Committee. He encouraged Directors to read information from that presentation that is included in the minutes posted on the website.

Report from the Executive Director

Mr. Barber circulated copies of the draft June newsletter and asked Directors to submit comments and suggestions to him on the current draft or for future issues. He reported on submissions for the Consortium's logo concept and said those in attendance at the recent retreat voted on their preferred design.

MOTION NO. 004-2016 – AWARD PRIZE FOR LOGO DESIGN

It was MOVED by Ms. Drake, seconded by Ms. Hersey, and unanimously adopted by voice vote by members present, to award a prize in the amount of \$100 to Tamara Beardsley for the winning logo design concept.

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Ms. Drake asked that Consortium Committees suggest ideas for a final logo design to the Executive Committee.

Mr. Barber reported on the educational retreat that was held on May 10th. He said Mr. Locey spent a lot of time preparing for the retreat and did a great job presenting information. He reported the recertification process is complete and thanked the City of Ithaca, Tompkins County, and TC3 for finding a way to finish the process. He also reported on the appeal that was granted by the Consortium and said a letter to Excellus concerning the appeal that was filed is still being reviewed. Lastly, he said the claims audit reports have been filed with the Department of Financial Services. A request was made of the Department to have a conversation with the Consortium about the Aggregate Stop Loss waiver request but has not heard back from the Department. He said there are still two outstanding issues relating to the State Audit that need to be resolved.

Financial Report

Mr. Barber said the Consortium is on target with the budget for premium income for the first quarter of 2016. With regard to claims, the Consortium is slightly under budget on medical claims and slightly over budget for pharmaceutical claims. The Audit and Finance Committee will be discussing the model being used to budget for pharmaceutical claims because claims have been over budget for several months.

Report from the Joint Committee on Plan Structure and Design

Mr. VanWormer, Chair, reported the Committee met and spent a great deal of time discussing the resolution recommending guidelines for members changing plans that was adopted earlier in the meeting. At the next meeting the Committee will continue discussion of actuarial values and will be moving towards making a recommendation to the Board in July on keeping metal level plans within the prescribed actuarial values.

Report from Owning Your Own Health Committee

Mr. Schiele, Chair, reported he is the newly-elected Committee Chair. He reported the Committee met yesterday and discussed the CanaRx prescription program. A couple of municipalities have been using the program to get prescriptions from Canada at a great savings.

Board of Directors
May 26, 2016

Another topic the Committee has been discussing is the Blue4U program which is the wellness component for the metal level plans but available to only a small number of members. He said issues related to the lack of a place in Tompkins County for members to have a blood draw have been resolved and the Committee is now discussing how the program could be introduced or rolled out in other Consortium health plans. Mr. Schiele spoke of an article that a member of the Committee provided entitled "How to Design a Wellness Program that Works" that is very simple and straightforward. The Committee will be using this as a resource for developing a broader concept of wellness for the Consortium and a plan for how to roll a wellness plan out to municipalities.

Adjournment

On motion the meeting adjourned at 7:10 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)
 2016 Treasurer's Report Data (Cash Basis)

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	2016 Actual Results	Quarterly Financial Results				Year
								2016 1st Quarter	2016 2nd Quarter	2016 3rd Quarter	2016 4th Quarter	\$2,016.00
Beginning Balance	\$21,201,256.81	\$22,173,623.64	\$22,402,286.55	\$21,812,343.10	\$22,080,647.77	\$21,165,016.41	\$21,201,256.81	\$21,201,256.81	\$21,812,343.10	\$21,312,278.01	\$21,312,278.01	\$21,201,256.81
Income												
Medical Plan Premiums	\$3,236,007.31	\$3,194,745.54	\$3,173,557.68	\$3,177,146.95	\$3,221,431.23	\$3,192,883.06	\$19,195,771.77	\$9,604,310.53	\$9,591,461.24	\$0.00	\$0.00	\$19,195,771.77
Ancillary Benefit Plan Premiums	\$10,693.16	\$11,426.38	\$11,286.75	\$10,184.58	\$10,294.10	\$12,159.01	\$66,043.98	\$33,406.29	\$32,637.69	\$0.00	\$0.00	\$66,043.98
Interest	\$1,225.28	\$1,141.92	\$1,293.07	\$1,278.13	\$1,342.03	\$1,265.89	\$7,546.32	\$3,660.27	\$3,886.05	\$0.00	\$0.00	\$7,546.32
Rx Rebates	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$571.35	\$0.00	\$571.35	\$0.00	\$571.35	\$0.00	\$0.00	\$571.35
Other	\$0.00	\$0.00	\$1,566.02	\$0.00	\$0.00	\$175.08	\$1,741.10	\$1,566.02	\$175.08	\$0.00	\$0.00	\$1,741.10
Total Income	\$3,247,925.75	\$3,207,313.84	\$3,187,703.52	\$3,188,609.66	\$3,233,638.71	\$3,206,483.04	\$19,271,674.52	\$9,642,943.11	\$9,628,731.41	\$0.00	\$0.00	\$19,271,674.52
Expenses												
Medical Paid Claims	\$1,667,240.87	\$1,887,387.91	\$2,195,222.21	\$1,826,763.37	\$3,056,634.30	\$1,892,178.55	\$12,525,427.21	\$5,749,850.99	\$6,775,576.22	\$0.00	\$0.00	\$12,525,427.21
Rx Paid Claims	\$423,011.19	\$875,088.63	\$1,351,095.89	\$896,383.62	\$889,116.68	\$965,883.68	\$5,400,579.69	\$2,649,195.71	\$2,751,383.98	\$0.00	\$0.00	\$5,400,579.69
Medical Admin Fees	\$83,462.32	\$75,583.29	\$77,692.74	\$82,336.76	\$78,385.02	\$79,064.68	\$476,524.81	\$236,738.35	\$239,786.46	\$0.00	\$0.00	\$476,524.81
Rx Admin Fees	\$3,291.00	\$6,803.00	\$10,664.00	\$7,030.00	\$6,802.00	\$6,655.00	\$41,245.00	\$20,758.00	\$20,487.00	\$0.00	\$0.00	\$41,245.00
Flue Clinic Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NYS Graduate Medical Exp.	\$0.00	\$43,041.93	\$21,668.13	\$21,562.96	\$21,402.92	\$21,598.82	\$129,274.76	\$64,710.06	\$64,564.70	\$0.00	\$0.00	\$129,274.76
ACA PCORI Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ACA Trans. Reins. Program Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Stop-Loss Insurance	\$63,712.87	\$64,265.19	\$63,867.71	\$63,727.90	\$63,730.28	\$63,859.82	\$383,163.77	\$191,845.77	\$191,318.00	\$0.00	\$0.00	\$383,163.77
Advance Deposit / Pre-Paid Claims	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Legal Fees	\$0.00	\$165.00	\$495.00	\$0.00	\$1,190.00	\$825.00	\$2,675.00	\$660.00	\$2,015.00	\$0.00	\$0.00	\$2,675.00
Executive Director Fees	\$2,081.25	\$3,438.65	\$2,205.00	\$2,025.00	\$2,103.48	\$1,184.22	\$13,037.60	\$7,724.90	\$5,312.70	\$0.00	\$0.00	\$13,037.60
Consultant Fees	\$4,500.00	\$5,671.30	\$6,999.70	\$4,500.00	\$879.00	\$5,471.70	\$28,021.70	\$17,171.00	\$10,850.70	\$0.00	\$0.00	\$28,021.70
Accounting Fees	\$0.00	\$305.46	\$12,575.00	\$0.00	\$2,480.00	\$0.00	\$15,360.46	\$12,880.46	\$2,480.00	\$0.00	\$0.00	\$15,360.46
Actuarial Fees	\$0.00	\$0.00	\$7,750.00	\$0.00	\$0.00	\$3,000.00	\$10,750.00	\$7,750.00	\$3,000.00	\$0.00	\$0.00	\$10,750.00
Audit Fees	\$11,000.00	\$0.00	\$11,500.00	\$0.00	\$4,000.00	\$0.00	\$26,500.00	\$22,500.00	\$4,000.00	\$0.00	\$0.00	\$26,500.00
Insurances (D&O / Prof. Liab.)	\$2,575.23	\$2,575.23	\$2,575.23	\$2,575.23	\$2,575.23	\$2,575.23	\$15,451.38	\$7,725.69	\$7,725.69	\$0.00	\$0.00	\$15,451.38
Internal Coordination (Finance)	\$2,968.81	\$2,965.87	\$2,959.50	\$2,959.50	\$2,959.50	\$2,959.50	\$17,772.68	\$8,894.18	\$8,878.50	\$0.00	\$0.00	\$17,772.68
Internal Coordination (Support)	\$0.00	\$0.00	\$0.00	\$0.00	\$4,760.00	\$1,409.30	\$6,169.30	\$0.00	\$6,169.30	\$0.00	\$0.00	\$6,169.30
Surety Bond Fee / Loan Interest	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Payment Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ancillary Benefit Premiums	\$11,650.65	\$11,317.53	\$10,326.59	\$10,317.05	\$11,248.81	\$11,089.15	\$65,949.78	\$33,294.77	\$32,655.01	\$0.00	\$0.00	\$65,949.78
Other Expenses / Supplies	\$64.73	\$41.94	\$50.27	\$123.60	\$1,002.85	\$1,466.79	\$2,750.18	\$156.94	\$2,593.24	\$0.00	\$0.00	\$2,750.18
Total Expenses	\$2,275,558.92	\$2,978,650.93	\$3,777,646.97	\$2,920,304.99	\$4,149,270.07	\$3,059,221.44	\$19,160,653.32	\$9,031,856.82	\$10,128,796.50	\$0.00	\$0.00	\$19,160,653.32
Net Income	\$972,366.83	\$228,662.91	(\$589,943.45)	\$268,304.67	(\$915,631.36)	\$147,261.60	\$111,021.20	\$611,086.29	(\$500,065.09)	\$0.00	\$0.00	\$111,021.20
Ending Balance	\$22,173,623.64	\$22,402,286.55	\$21,812,343.10	\$22,080,647.77	\$21,165,016.41	\$21,312,278.01	\$21,312,278.01	\$21,812,343.10	\$21,312,278.01	\$21,312,278.01	\$21,312,278.01	\$21,312,278.01
Liabilities and Reserves												
IBNR Reserve	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66
Surplus Account	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90
Claims / Rate Stabilization Reserve	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61
Catastrophic Claims Reserve	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00
Total Liabilities and Reserves	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17
Unencumbered Fund Balance	\$13,617,546.47	\$13,846,209.38	\$13,256,265.93	\$13,524,570.60	\$12,608,939.24	\$12,756,200.84	\$12,756,200.84	\$13,256,265.93	\$12,756,200.84	\$12,756,200.84	\$12,756,200.84	\$12,756,200.84
Monthly Contract Count	2,304	2,303	2,307	2,315	2,320	2,321	13,870	6,914	6,956	-	-	13,870
Monthly Covered Lives	5,059	5,051	5,059	5,058	5,056	5,045	30,328	15,169	15,159	-	-	30,328

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2016 Treasurer's Report Data (Cash Basis Rounded to the Nearest Dollar)

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	2016 Actual Results	Quarterly Financial Results				Year
								2016 1st Quarter	2016 2nd Quarter	2016 3rd Quarter	2016 4th Quarter	2016
Beginning Balance	\$21,201,257	\$22,173,624	\$22,402,287	\$21,812,343	\$22,080,648	\$21,165,016	\$21,201,257	\$21,201,257	\$21,812,343	\$21,312,278	\$21,312,278	\$21,201,257
Income												
Medical Plan Premiums	\$3,236,007	\$3,194,746	\$3,173,558	\$3,177,147	\$3,221,431	\$3,192,883	\$19,195,772	\$9,604,311	\$9,591,461	\$0	\$0	\$19,195,772
Ancillary Benefit Plan Premiums	\$10,693	\$11,426	\$11,287	\$10,185	\$10,294	\$12,159	\$66,044	\$33,406	\$32,638	\$0	\$0	\$66,044
Interest	\$1,225	\$1,142	\$1,293	\$1,278	\$1,342	\$1,266	\$7,546	\$3,660	\$3,886	\$0	\$0	\$7,546
Rx Rebates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stop-Loss Claim Reimbursements	\$0	\$0	\$0	\$0	\$571	\$0	\$571	\$0	\$571	\$0	\$0	\$571
Other	\$0	\$0	\$1,566	\$0	\$0	\$175	\$1,741	\$1,566	\$175	\$0	\$0	\$1,741
Total Income	\$3,247,926	\$3,207,314	\$3,187,704	\$3,188,610	\$3,233,639	\$3,206,483	\$19,271,675	\$9,642,943	\$9,628,731	\$0	\$0	\$19,271,675
Expenses												
Medical Paid Claims	\$1,667,241	\$1,887,388	\$2,195,222	\$1,826,763	\$3,056,634	\$1,892,179	\$12,525,427	\$5,749,851	\$6,775,576	\$0	\$0	\$12,525,427
Rx Paid Claims	\$423,011	\$875,089	\$1,351,096	\$896,384	\$889,117	\$965,884	\$5,400,580	\$2,649,196	\$2,751,384	\$0	\$0	\$5,400,580
Medical Admin Fees	\$83,462	\$75,583	\$77,693	\$82,337	\$78,385	\$79,065	\$476,525	\$236,738	\$239,786	\$0	\$0	\$476,525
Rx Admin Fees	\$3,291	\$6,803	\$10,664	\$7,030	\$6,802	\$6,655	\$41,245	\$20,758	\$20,487	\$0	\$0	\$41,245
Flu Clinic Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NYS Graduate Medical Exp.	\$0	\$43,042	\$21,668	\$21,563	\$21,403	\$21,599	\$129,275	\$64,710	\$64,565	\$0	\$0	\$129,275
ACA PCORI Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ACA Trans. Reins. Program Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Stop-Loss Insurance	\$63,713	\$64,265	\$63,868	\$63,728	\$63,730	\$63,860	\$383,164	\$191,846	\$191,318	\$0	\$0	\$383,164
Advance Deposit / Pre-Paid Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Legal Fees	\$0	\$165	\$495	\$0	\$1,190	\$825	\$2,675	\$660	\$2,015	\$0	\$0	\$2,675
Executive Director Fees	\$2,081	\$3,439	\$2,205	\$2,025	\$2,103	\$1,184	\$13,038	\$7,725	\$5,313	\$0	\$0	\$13,038
Consultant Fees	\$4,500	\$5,671	\$7,000	\$4,500	\$879	\$5,472	\$28,022	\$17,171	\$10,851	\$0	\$0	\$28,022
Accounting Fees	\$0	\$305	\$12,575	\$0	\$2,480	\$0	\$15,360	\$12,880	\$2,480	\$0	\$0	\$15,360
Actuarial Fees	\$0	\$0	\$7,750	\$0	\$0	\$3,000	\$10,750	\$7,750	\$3,000	\$0	\$0	\$10,750
Audit Fees	\$11,000	\$0	\$11,500	\$0	\$4,000	\$0	\$26,500	\$22,500	\$4,000	\$0	\$0	\$26,500
Insurances (D&O / Prof. Liab.)	\$2,575	\$2,575	\$2,575	\$2,575	\$2,575	\$2,575	\$15,451	\$7,726	\$7,726	\$0	\$0	\$15,451
Internal Coordination (Finance)	\$2,969	\$2,966	\$2,960	\$2,960	\$2,960	\$2,960	\$17,773	\$8,894	\$8,879	\$0	\$0	\$17,773
Internal Coordination (Support)	\$0	\$0	\$0	\$0	\$4,760	\$1,409	\$6,169	\$0	\$6,169	\$0	\$0	\$6,169
Surety Bond Fee / Loan Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Payment Refund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ancillary Benefit Premiums	\$11,651	\$11,318	\$10,327	\$10,317	\$11,249	\$11,089	\$65,950	\$33,295	\$32,655	\$0	\$0	\$65,950
Other Expenses / Supplies	\$65	\$42	\$50	\$124	\$1,003	\$1,467	\$2,750	\$157	\$2,593	\$0	\$0	\$2,750
Total Expenses	\$2,275,559	\$2,978,651	\$3,777,647	\$2,920,305	\$4,149,270	\$3,059,221	\$19,160,653	\$9,031,857	\$10,128,797	\$0	\$0	\$19,160,653
Net Income	\$972,367	\$228,663	(\$589,943)	\$268,305	(\$915,631)	\$147,262	\$111,021	\$611,086	(\$500,065)	\$0	\$0	\$111,021
Ending Balance	\$22,173,624	\$22,402,287	\$21,812,343	\$22,080,648	\$21,165,016	\$21,312,278	\$21,312,278	\$21,812,343	\$21,312,278	\$21,312,278	\$21,312,278	\$21,312,278
Liabilities and Reserves												
IBNR Reserve	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857	\$3,961,857
Surplus Account	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447	\$1,893,447
Claims / Rate Stabilization Reserve	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774	\$1,650,774
Catastrophic Claims Reserve	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000	\$1,050,000
Total Liabilities and Reserves	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077	\$8,556,077
Unencumbered Fund Balance	\$13,617,546	\$13,846,209	\$13,256,266	\$13,524,571	(\$577,805)	\$1,984,999	\$12,756,201	\$13,256,266	\$12,756,201	\$12,756,201	\$12,756,201	\$12,756,201
Monthly Contract Count	2,304	2,303	2,307	2,315	2,320	2,321	13,870	6,914	6,956	-	-	13,870
Monthly Covered Lives	5,059	5,051	5,059	5,058	5,056	5,045	30,328	15,169	15,159	-	-	30,328

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2016 Budget Performance Analysis

Results as of: 6/30/2016
of Months: 6

	2016 Adopted Budget	2016 Year-to-Date	2016 Actual Results	Variance	% Difference
Income					
Medical Plan Premiums	\$38,715,009.41	\$19,357,504.71	\$19,195,771.77	-\$161,732.94	-0.84%
9000 Ancillary Benefit Plan Premiums	\$138,034.51	\$69,017.26	\$66,043.98	-\$2,973.28	-4.31%
Interest	\$13,000.00	\$6,500.00	\$7,546.32	\$1,046.32	16.10%
9010 Rx Rebates	\$265,225.00	\$0.00	\$0.00	\$0.00	
9040 Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$571.35	\$571.35	n/a
9030 Other	\$0.00	\$0.00	\$1,741.10	\$1,741.10	n/a
Total Income	\$39,131,268.93	\$19,433,021.96	\$19,271,674.52	-\$161,347.44	-0.83%
Expenses					
8090 Medical Paid Claims	\$24,721,129.41	\$12,360,564.71	\$12,525,427.21	\$164,862.50	1.33%
8120 Rx Paid Claims	\$9,112,459.27	\$4,556,229.64	\$5,400,579.69	\$844,350.05	18.53%
8050 Medical Admin Fees	\$940,304.90	\$470,152.45	\$476,524.81	\$6,372.36	1.36%
Rx Admin Fees	\$84,012.98	\$42,006.49	\$41,245.00	-\$761.49	-1.81%
8084 Flu Clinic Fees	\$10,000.00	\$5,000.00	\$0.00	-\$5,000.00	n/a
8091 NYS Graduate Medical Exp.	\$250,033.73	\$125,016.86	\$129,274.76	\$4,257.90	3.41%
9060 ACA PCORI Fee	\$11,311.65	\$0.00	\$0.00	\$0.00	
8115 ACA Transitional Reins. Program Fees	\$138,187.50	\$0.00	\$0.00	\$0.00	
8110 Stop-Loss Aggregate and Specific	\$815,611.90	\$407,805.95	\$383,163.77	-\$24,642.18	-6.04%
Advance Deposit / Pre-Paid Claims	\$100,000.00	\$100,000.00	\$0.00	-\$100,000.00	-100.00%
8070 Legal Fees	\$21,218.00	\$10,609.00	\$2,675.00	-\$7,934.00	-74.79%
8055 Executive Director Fees	\$35,000.00	\$17,500.00	\$13,037.60	-\$4,462.40	-25.50%
8030 Consultant Fees	\$89,622.15	\$44,811.08	\$28,021.70	-\$16,789.38	-37.47%
8000 Accounting Fees	\$76,218.15	\$38,109.07	\$15,360.46	-\$22,748.61	-59.69%
8010 Actuarial Fees	\$10,609.00	\$10,609.00	\$10,750.00	\$141.00	1.33%
8020 Audit Fees	\$81,782.00	\$40,891.00	\$26,500.00	-\$14,391.00	-35.19%
8060 Insurances (D&O / Prof. Liab.)	\$30,975.78	\$15,487.89	\$15,451.38	-\$36.51	-0.24%
8041 Internal Coordination (Finance)	\$71,876.68	\$35,938.34	\$17,772.68	-\$18,165.66	-50.55%
Internal Coordination (Support)	\$14,912.78	\$7,456.39	\$6,169.30	-\$1,287.09	-17.26%
Surety Bond Fee / Loan Interest	n/a	n/a	\$0.00	n/a	n/a
Payment Refund	\$0.00	\$0.00	\$0.00	\$0.00	n/a
9050 Ancillary Benefit Premiums	\$137,832.33	\$68,916.17	\$65,949.78	-\$2,966.39	-4.30%
9060 Other Expenses / Supplies	\$4,942.13	\$2,471.07	\$2,750.18	\$279.12	11.30%
Total Expenses	\$36,758,040.35	\$18,359,575.10	\$19,160,653.32	\$801,078.22	4.36%
Net Income	\$2,373,228.58	\$1,073,446.86	\$111,021.20		

Medical Premiums = 6000 + 6010
Interest Income = 9021 + 9022
Rx Admins Fees = 8081 + 8082 + 8083
Advance Deposit = 4020 + 4021

Ending Balance	\$23,574,485.39	\$22,274,703.67	\$21,312,278.01
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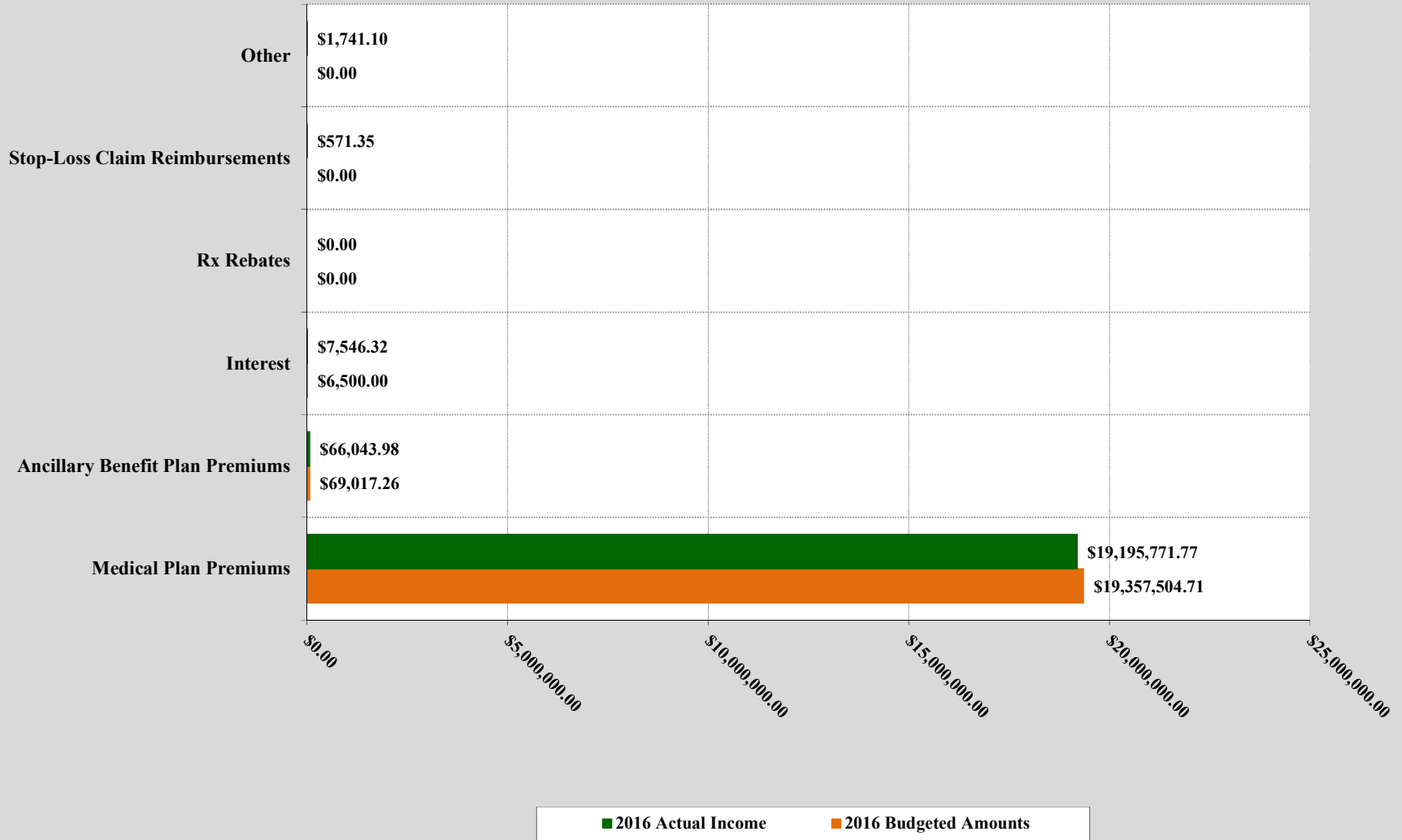
Liabilities and Reserves			
IBNR Claims Liability	\$3,961,856.66	\$3,961,856.66	\$3,961,856.66
5010 Surplus Account Per §4706(a)(5)	\$1,893,446.90	\$1,893,446.90	\$1,893,446.90
Rate Stabilization Reserve	\$1,650,773.61	\$1,650,773.61	\$1,650,773.61
5012 Catastrophic Claims Reserve	\$1,050,000.00	\$1,050,000.00	\$1,050,000.00
Total Liabilities and Reserves	\$8,556,077.17	\$8,556,077.17	\$8,556,077.17

Unencumbered Fund Balance	\$15,018,408.22	\$13,718,626.50	\$12,756,200.84
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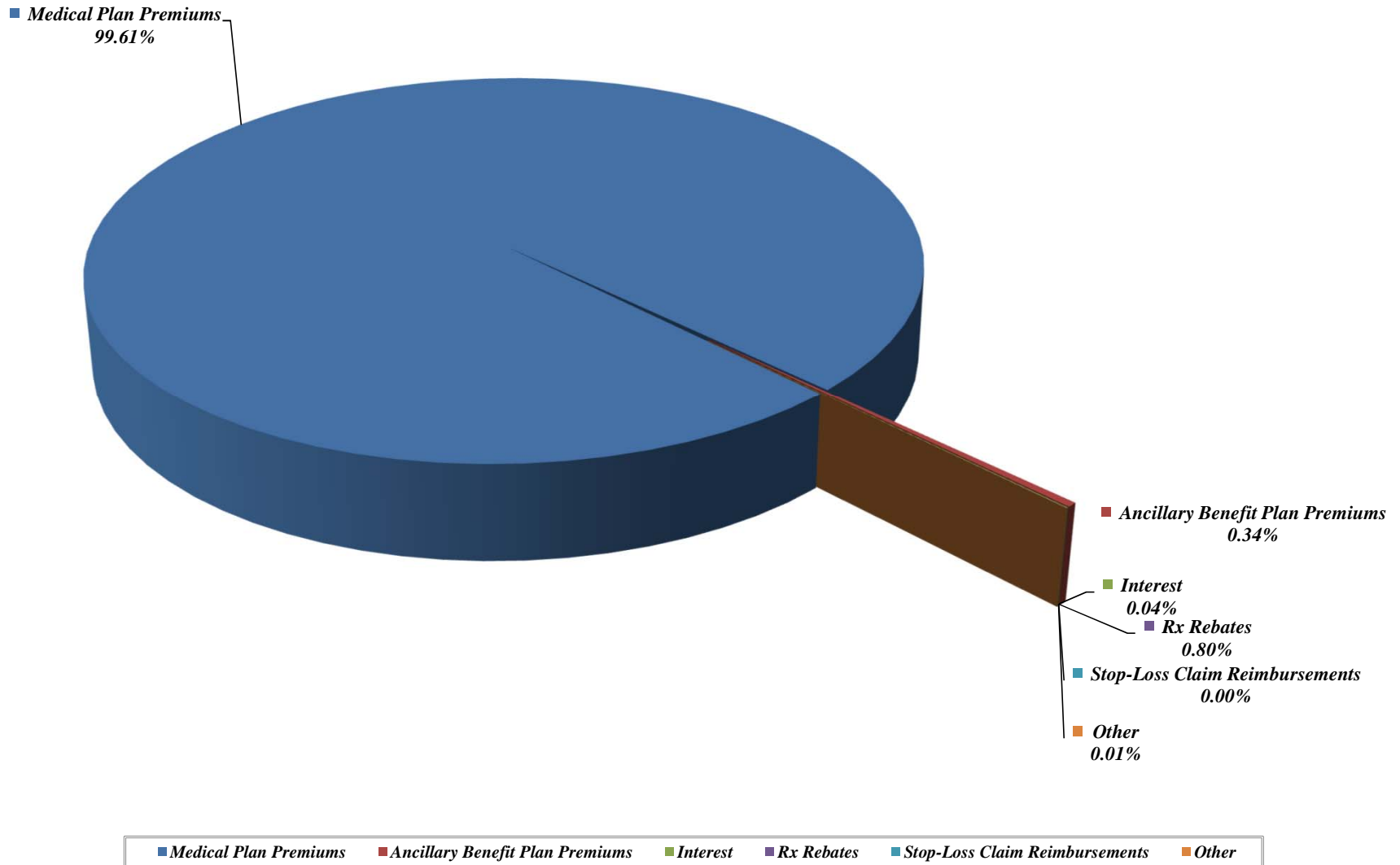
Greater Tompkins County Municipal Health Ins. Consortium

2016 Income Distribution

January 1, 2016 to June 30, 2016



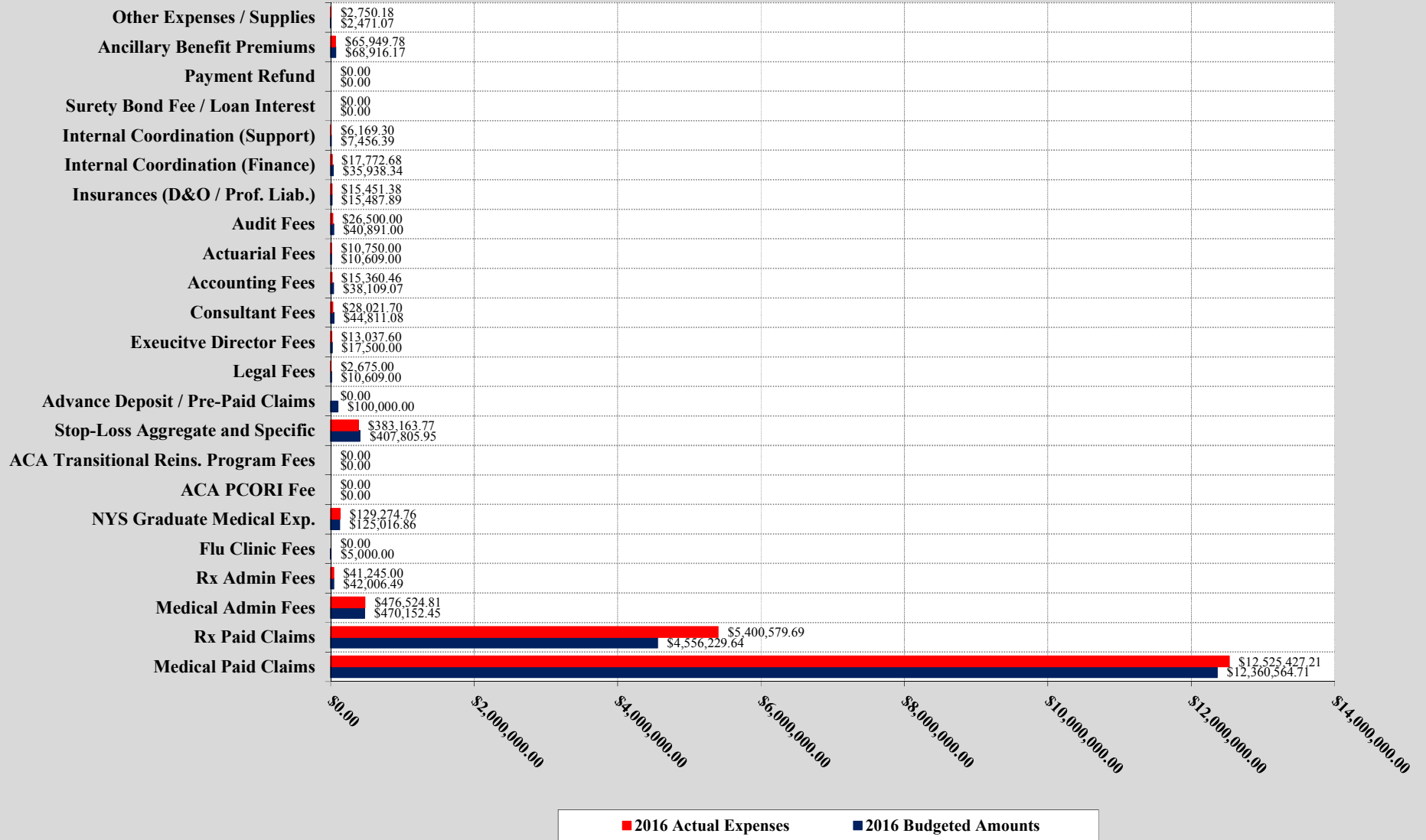
Greater Tompkins County Municipal Health Ins. Consortium
2016 Income Distribution
January 1, 2016 to June 30, 2016



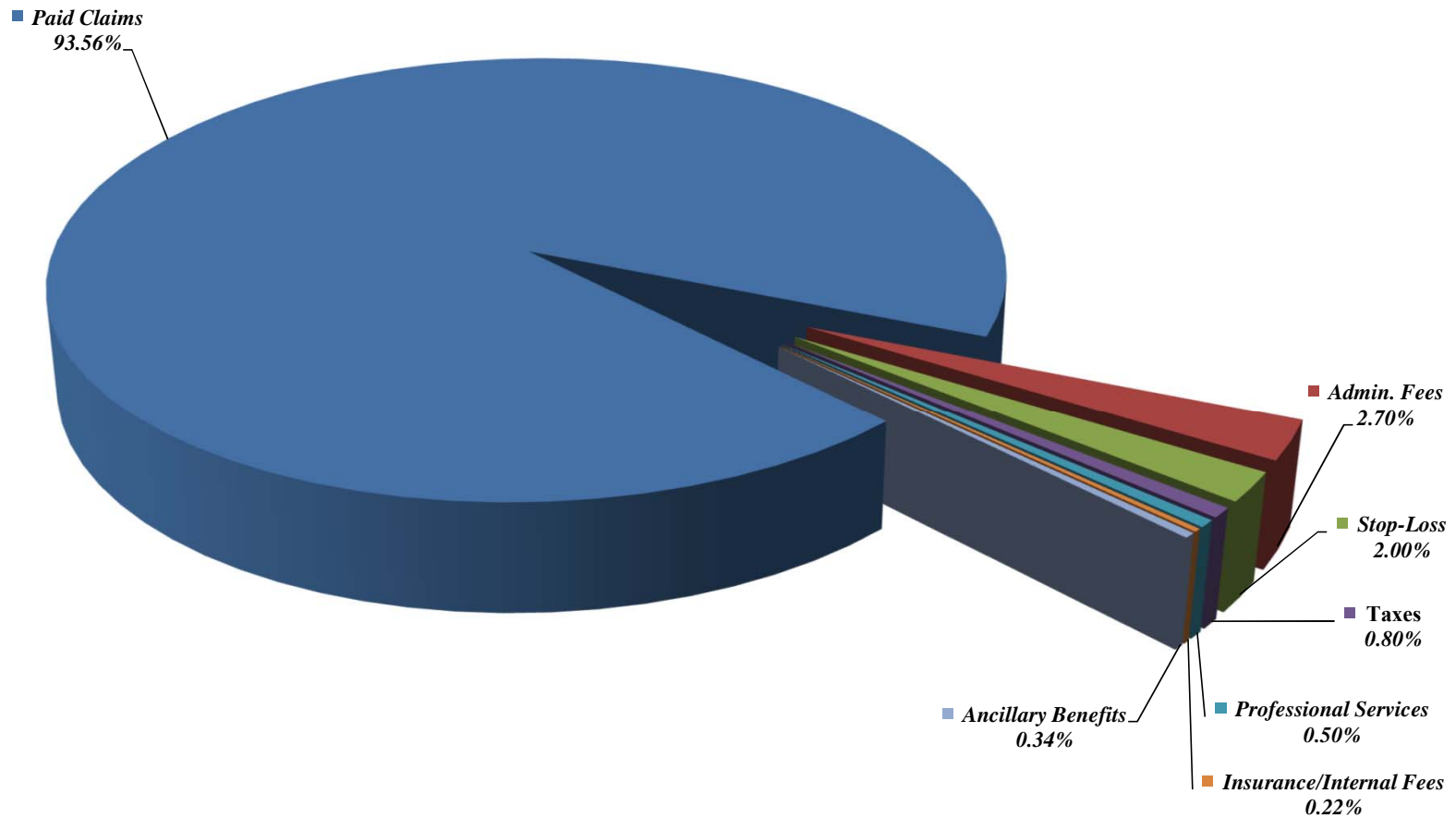
Greater Tompkins County Municipal Health Ins. Consortium

2016 Expense Distribution

January 1, 2016 to June 30, 2016



Greater Tompkins County Municipal Health Ins. Consortium
2016 Expense Distribution
January 1, 2016 to June 30, 2016

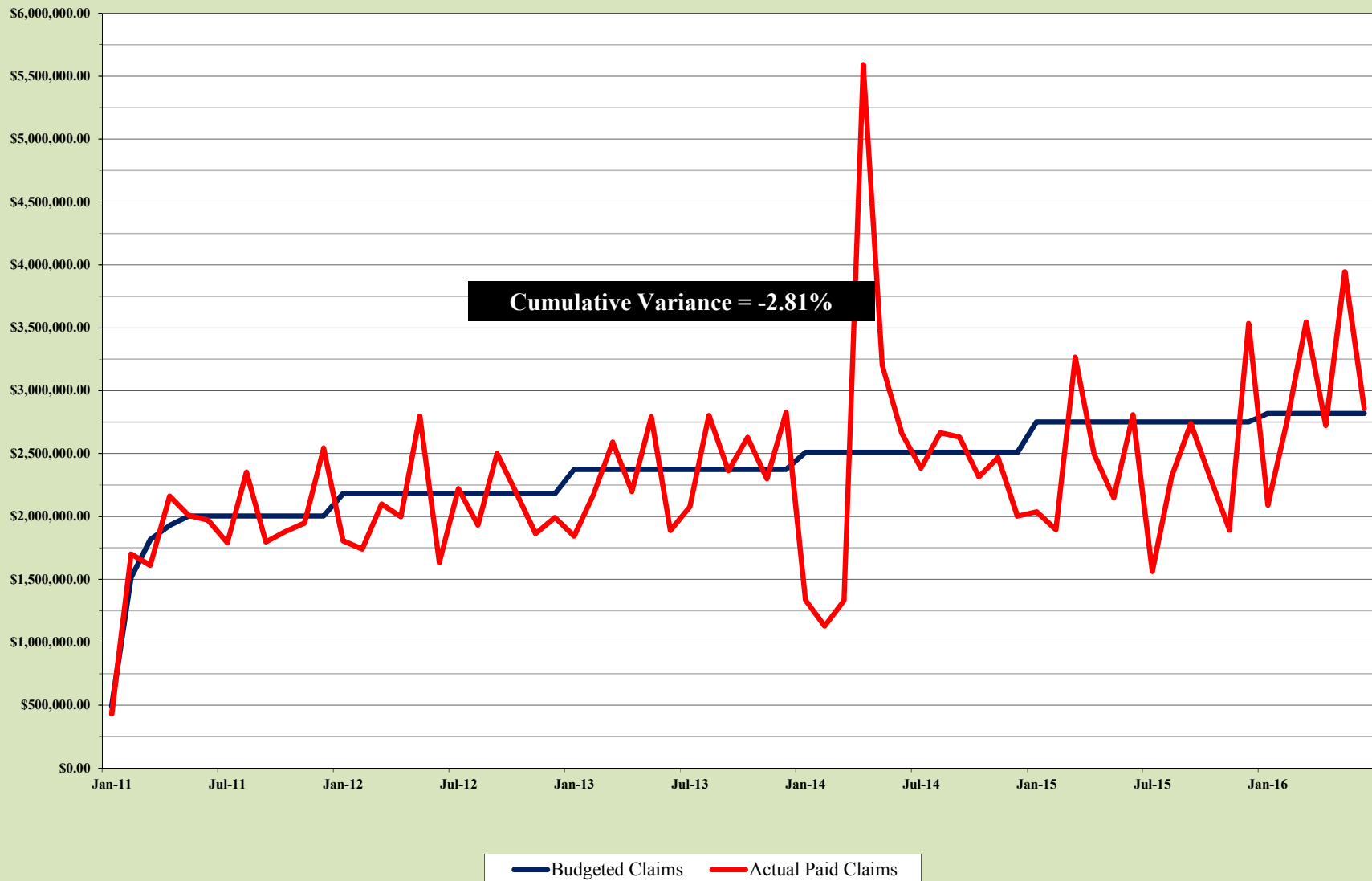


■ Paid Claims ■ Admin. Fees ■ Stop-Loss ■ Taxes and Fees ■ Professional Services ■ Insurance/Internal Fees ■ Ancillary Benefits

Greater Tompkins County Municipal Health Ins Consortium

2011-2016 Monthly Paid Claims v Budgeted Claims

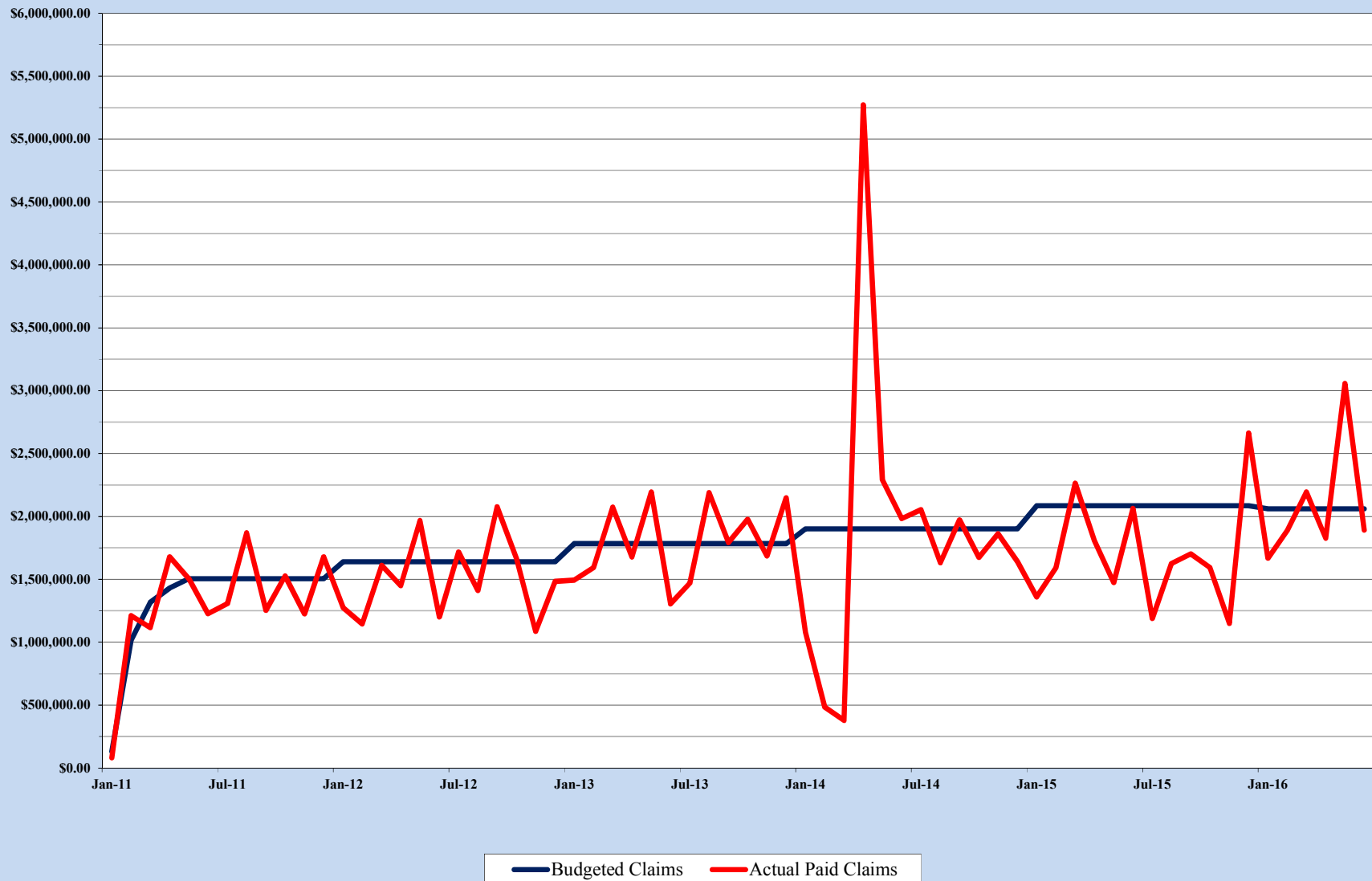
January 1, 2011 to June 30, 2016



Greater Tompkins County Municipal Health Ins Consortium

2011-2016 Monthly Medical Paid Claims v Budgeted Medical Claims

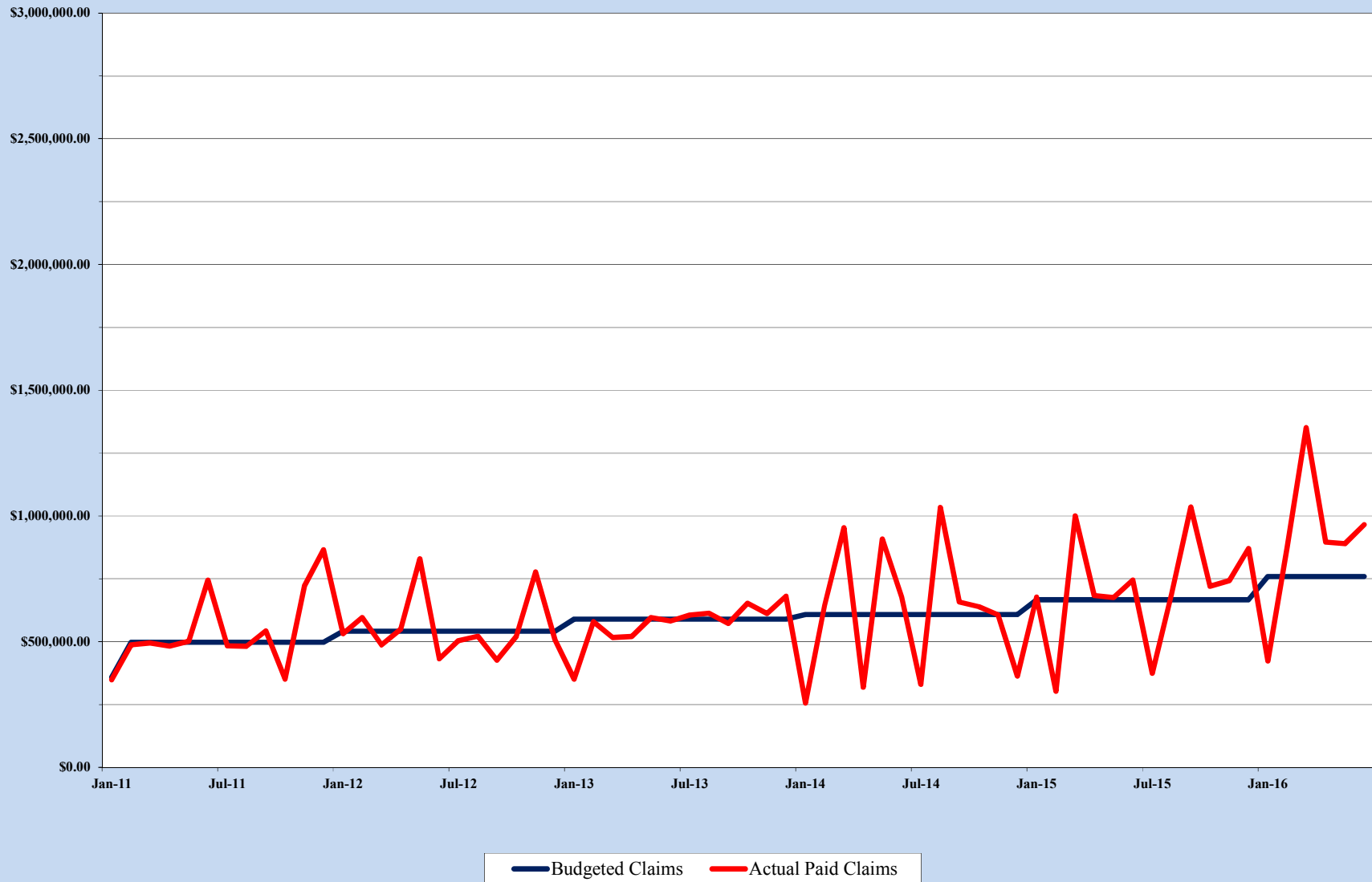
January 1, 2011 to June 30, 2016



Greater Tompkins County Municipal Health Ins Consortium

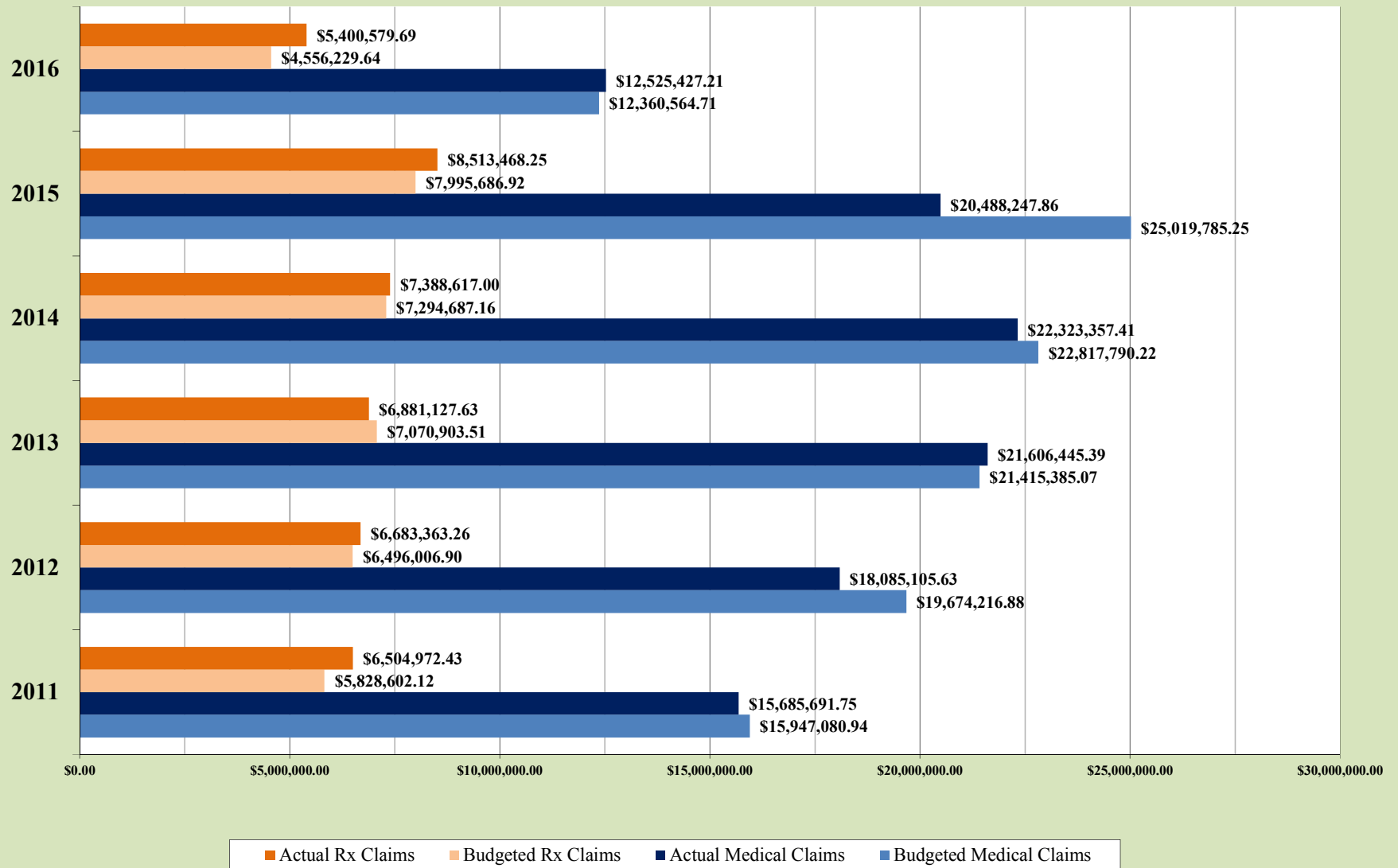
2011-2016 Monthly Rx Paid Claims v Budgeted Rx Claims

January 1, 2011 to June 30, 2016

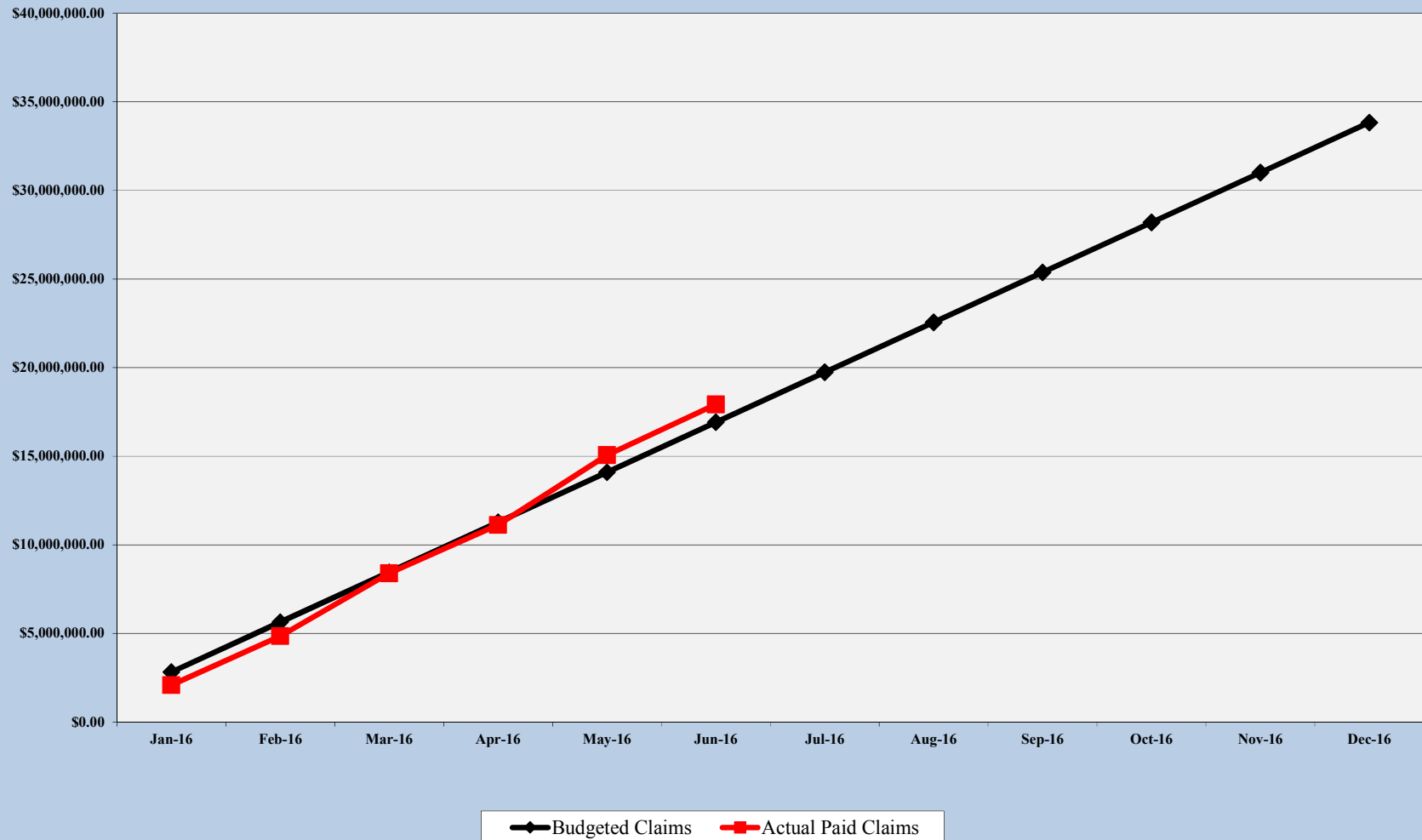


Greater Tompkins County Municipal Health Ins Consortium

2011-2016 Annual Paid Claims v Budgeted Claims



**Greater Tompkins County Municipal
Health Insurance Consortium**
2016 Cumulative Paid Claims and Budgeted Claims by Month

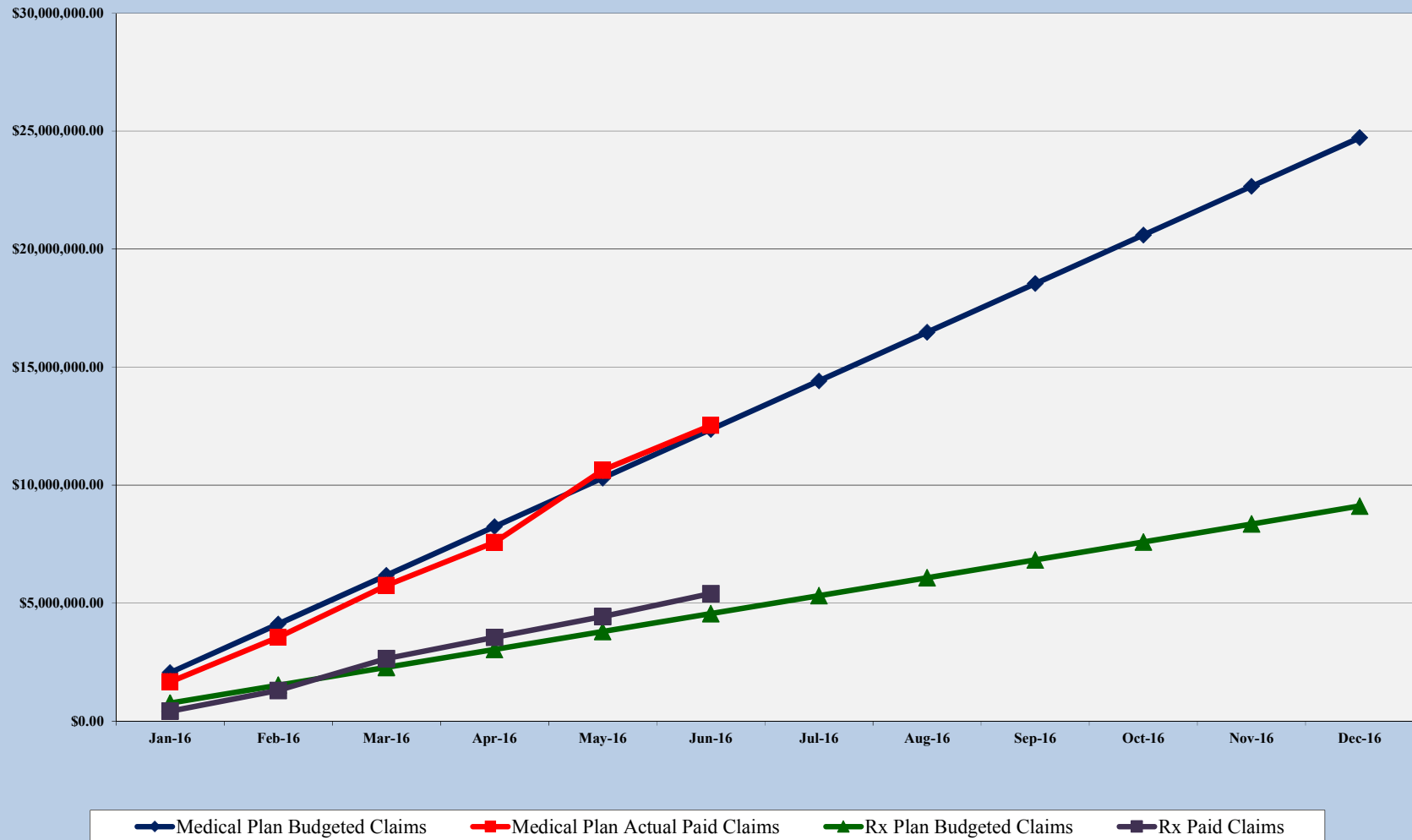


**Greater Tompkins County Municipal
Health Insurance Consortium**
2016 Budgetd vs Actual Paid Claims by Month



Greater Tompkins County Municipal Health Insurance Consortium

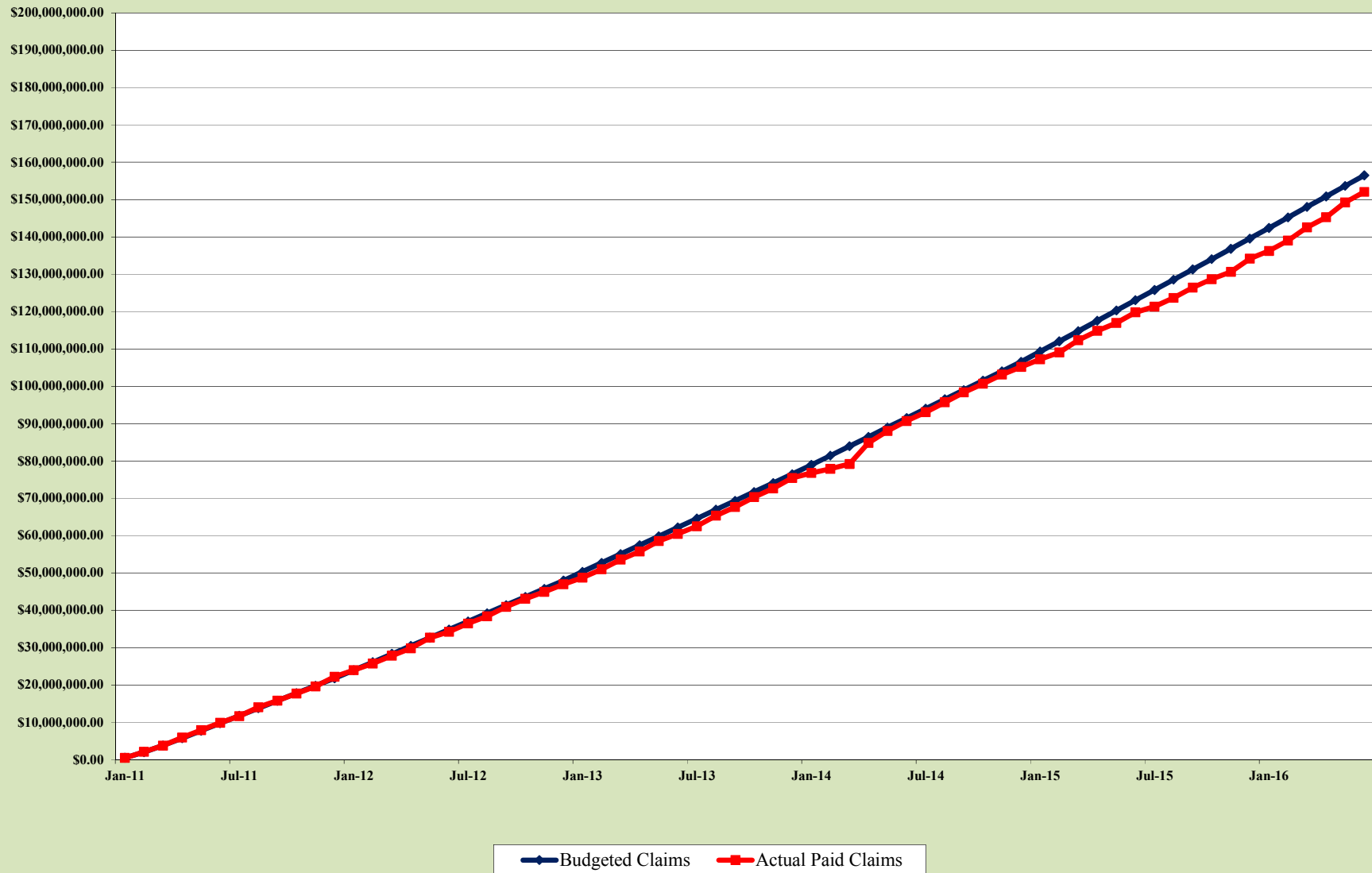
2016 Cumulative Paid Claims and Budgeted Claims by Month



Greater Tompkins County Municipal Health Ins Consortium

2011-2016 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to June 30, 2016





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**RESOLUTION NO. 2016 - ADOPTION OF PLATINUM, GOLD, SILVER, AND BRONZE
BENEFIT PLAN CHANGES TO MAINTAIN ACTUARIAL
VALUES OF METAL LEVEL PLANS**

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) Board of Directors pursuant to Resolutions No. 016-2014 and No. 014-2015 adopted the GTCMHIC Standard Platinum, Gold, Silver, and Bronze Plans adding said plans to the available benefit plan menu, and

WHEREAS, the GTCMHIC standard metal level plans, Platinum, Gold, Silver, and Bronze, are designed to maintain an actuarial value (AV) of 90%, 80%, 70% and 60%, respectively on an annual basis within an acceptable deviation of + or – 2%, and

WHEREAS, each year, the AV is calculated by the Consortium’s medical plan administrator and/or plan consultant using the AV Calculator developed by the Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) which was implemented in accordance with the Patient Protection and Affordable Care Act (ACA). If, in any given year, such calculator is no longer available or in use, the Consortium will have an independent Actuary develop the AV of these health insurance plans. In either case, it is the intent that the result of the AV calculation will represent an empirical estimate of the AV calculated in a manner that provides a close approximation to the actual average spending by a wide range of consumers in a standard population, and

WHEREAS, the GTCMHIC Joint Committee on Plan Structure and Design, at the July 7, 2016 meeting, adopted a resolution to provide the Audit and Finance Committee with recommended plan design changes necessary to maintain the target AV of the GTCMHIC Standard Platinum, Gold, Silver, and Bronze Plans for the 2017 Plan Year, and

WHEREAS, the Audit and Finance Committee reviewed the recommendations of the Joint Committee on Plan Structure and Design, and now therefore be it

RESOLVED, That the GTCMHIC Board of Directors hereby establishes target Actuarial Values for the Platinum, Gold, Silver, and Bronze Benefit Plans of 91.3%, 79.47%, 70.69% and 61.25% respectively.

* * * * *

Greater Tompkins County Municipal Health Insurance Consortium

2016 Standard Metal Level Plans and 2017 Joint Committee Recommended Plan Options

Benefit Description		Platinum Plan		Gold Plan		Silver Plan		Bronze Plan	
		2016 Plan	2017 Plan	2016 Plan	2017 Plan	2016 Plan	2017 Plan	2016 Plan	2017 Plan
Actuarial Value		92.60%	91.13%	84.17%	79.47%	79.23%	70.69%	67.92%	61.23%
In-Network Deductible	Individual	\$0.00	\$0.00	\$500.00	\$1,300.00	\$1,300.00	\$1,800.00	\$3,500.00	\$6,550.00
	Family	\$0.00	\$0.00	\$1,500.00	\$2,600.00	\$2,600.00	\$3,600.00	\$7,000.00	\$13,100.00
Deductible Aggregation		Individual	Individual	Individual	Family Aggregate	Family Aggregate	Family Aggregate	Individual	Family Aggregate
Out-of-Network Deductible	Individual	\$500.00	\$500.00	Included w/ In-Network	\$2,600.00	Included w/ In-Network	\$3,600.00	Included w/ In-Network	\$13,100.00
	Family	\$1,500.00	\$1,500.00		\$5,200.00		\$7,200.00		\$26,200.00
Out-of-Pocket Maximum Aggregation		Individual	Individual	Individual	Family Aggregate	Family Aggregate	Family Aggregate	Individual	Family Aggregate
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$2,000.00	\$2,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,350.00	\$6,550.00
	Family	\$6,000.00	\$6,000.00	\$9,000.00	\$6,000.00	\$6,000.00	\$12,000.00	\$12,700.00	\$13,100.00
Out-of-Network Out-of-Pocket Maximum	Individual	\$2,000.00	\$4,000.00	Included w/ In-Network	\$6,000.00	Included w/ In-Network	\$12,000.00	Included w/ In-Network	\$13,100.00
	Family	\$6,000.00	\$12,000.00		\$12,000.00		\$24,000.00		\$26,200.00
Primary Care Physician Copay		\$15.00	\$15.00	\$25.00	n/a	n/a	n/a	n/a	n/a
Specialist Copay		\$25.00	\$25.00	\$40.00	n/a	n/a	n/a	n/a	n/a
Chiropractor Copay		\$25.00	\$25.00	\$40.00	n/a	n/a	n/a	n/a	n/a
Diagnostic Lab Copay		\$0.00	\$25.00	\$0.00	20.00%	20.00%	30.00%	20.00%	0.00%
In-Network Coinsurance		0.00%	0.00%	20.00%	20.00%	20.00%	30.00%	20.00%	0.00%
Out-of-Network Coinsurance		20.00%	20.00%	40.00%	40.00%	40.00%	50.00%	40.00%	0.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible for all plans except the Platinum Plan</i>	Tier 1	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$30.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		No	No	No	Yes	Yes	Yes	Yes	Yes
Health Savings Account Eligible.		No	No	No	Yes	Yes	Yes	Yes	Yes
Premium Rates	Individual	\$556.97	\$576.63	\$500.89	\$502.39	\$415.67	\$400.96	\$324.72	\$319.23
	Family	\$1,448.13	\$1,499.25	\$1,302.30	\$1,306.21	\$1,080.74	\$1,042.48	\$844.26	\$829.99
	% Change	n/a	3.53%	n/a	0.30%	n/a	-3.54%	n/a	-1.69%

* 2017 Plan Year Benefits are as recommended by the GTCMHIC Joint Committee on Plan Structure and Design which were approved at the July 7, 2016 meeting.



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RESOLUTION NO. - 2016 - AUTHORIZATION TO SPONSOR AND FUND FLU CLINICS FOR 2016 AND CONTINUE PHARMACY BENEFIT TO COVER FLU VACCINATION

WHEREAS, the Owing Your Own Health Committee has discussed the results and feedback from Consortium-sponsored flu clinics that were held in 2014 and 2015 and believes the Consortium should continue to provide the opportunity for all eligible employees and retirees, spouses and dependents over the age of 19 to participate in flu shot clinics again in 2016, and

WHEREAS, the Committee has reviewed a proposal presented by ProAct streamline the scheduling of flu clinics and to offer flu clinics to groups of 30 or more individuals at various locations, and

WHEREAS, when administered outside of a flu clinic a member is able to receive a vaccine with no co-pay or member cost through a medical provider as the cost is billed as a medical claim through Excellus, and

WHEREAS, the Committee was presented with an option to recommend that a ProAct pharmacy benefit be added to allow members to receive a vaccine at a pharmacy with no co-pay or cost to the member, now therefore be it

RESOLVED, on recommendation of the Owing Your Own Health Committee, That the Board of Directors authorizes the Consortium to sponsor and fund flu clinics in 2016 for its members and authorizes ProAct, at the direction of each Consortium member, to develop and administer the clinics, and to submit a claim for payment by the Consortium for each shot provided to an eligible recipient at a cost not to exceed \$30 per shot,

RESOLVED, further, That ProAct is hereby directed to add a pharmacy benefit to all Consortium members' coverage to allow members to receive a vaccine at any pharmacy with no co-pay or cost to the member.