



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."

Board of Directors Educational Session August 24, 2023 – 5:00 pm Remote Zoom (Optional - Town of Ithaca Board Room)

1. Welcome and Introductions (5:00) R. Hart
 - a) GTCMHIC Update
 - b) Annual Board Meeting Reminder and Location

2. Executive Director's Report (5:15) E. Dowd
 - a) 2023 Updates
 - b) Potential New Members
 - c) Next Steps

3. Operations Committee Recommendation to secure PBM Services from Excellus ESI (5:30) E. Dowd
 - a) Why The Move
 - b) Excellus PBM Presentation with Brandon Holt, Excellus Account Manager

4. 2024 Budget Recommendations (5:45) J. Drake
 - a) 2023 YTD Performance
 - b) Premium Increase
 - c) Rate Stabilization Reserve

5. Audits (6:00) T. Apalovich
 - a) Department of Financial Services (DFS)
 - i. Scope of Audit
 - ii. Recommendations
 - b) Medical and Claims Audit B. Shattuck

6. Plan Changes (6:15) K. Rodrigues
 - a) Frozen Formulary
 - b) Silver and Gold Plan Changes

7. Executive Committee Recommendation to Secure Medicare Advantage Coverage with Aetna (6:25) K. Rodrigues
 - a) 2024 Options
 - b) Enrollment Deadlines
 - c) Future Recommendations

8. Slate of Officers and Committee Members (6:35) E. Fairbrother
9. Other Related Benefits (6:45) E. Dowd
 - a) COBRA Administration
 - b) EAP
 - c) LBS Administrative Discounts
10. Questions and Feedback (6:55)

Annual Board of Directors Meeting: September 22, 2023 @ NOON



**GREATER TOMPKINS COUNTY MUNICIPAL HEALTH
INSURANCE CONSORTIUM**

Please Join us for the:

**Board of Directors
ANNUAL MEETING LUNCHEON**

Thursday, September 21, 2023

12PM—2PM

(Doors open 11:30AM)

Greek Peak Mountain Resort - Adirondack Room

2000 NY-392, Cortland, NY 13045

RSVP: Consortium@Tompkins-Co.Org

Executive Director Report August 2023

It is hard to believe that we are already working on our Board of Director meetings for the August informational session and the September annual meeting. Please note, we have changed the September Board meeting to a luncheon in hopes of garnering the necessary quorum to advance our agenda items.

Some delays slowed commencing the build out of our new offices and unfortunately we won't be in the offices before our annual meeting. We do look forward to hosting an event once we get settled and or seeing you at the new location for other meetings.

The Department of Financial Services audit for years 2018 – 2021 continues.

Executive Committee

Decisions have been made on the Medicare Advantage 2024 plans we will be offering through Aetna. Kylie Rodrigues, Benefit Specialist, has hosted several meetings for Benefit Clerks and Directors to learn more about these options. Any municipality interested in learning more about these programs should let me know as enrollment will need to be finalized immediately after our Board meeting.

Locey & Cahill have been secured to further our premium equivalent rate analysis to include offering one or two additional premiums tiers. We anticipate a report on this work in late September. Once we have reviewed all our information, we will start making recommendations on plan improvements for the 2025 plan year.

Minor changes to the Municipal Cooperative Agreement (MCA) have been recommended by the NYS Department of Financial Services. Fortunately, the changes also include the inclusion of Livingston and Monroe Counties as additions to our Certificate of Coverage.

Operations

The Operations Committee has reviewed and recommended improvements to our Notice of Privacy Practices and Policy. We were made aware of updates to this practice as part of our DFS audit.

The Consortium is looking to improve services to our smaller municipal members by partnering with Lifetime Benefit Solutions to handle COBRA administration notification and enrollment. The minimal cost to outsource this service will help municipalities remain in compliance and better manage COBRA requirements.

Audit and Finance

The Audit and Finance Committee will entertain five applications for new members. They have also advanced the resolution to drop the Town of Niles as they have no members enrolled in our plan due to offering a teamsters plan instead.

Work on the 2024 budget has commenced. The group is currently looking at an 8.5% premium increase for 2024. They will also consider recommendations to lower the percentage by utilizing the rate stabilization reserve. Our 2023 claims are trending over budget, and this is causing some concern regarding premium increases. A request was made that a representative from Excellus come to a future meeting to discuss what Excellus is projecting for their fully insured market. Mark Muthumbi, Regional President, will join our August Executive Committee meeting to address this question.

Joint Committee on Plan Structure and Design

Locey & Cahill reviewed the Centers for Medicare and Medicaid actuarial value calculator compliance issues and we fell short of targets for both the Gold and Silver Plans. A resolution will come to the Board to increase deductibles on both plans to bring us back to compliance.

The Committee reviewed a proposal for municipal members to voluntarily select an Employee Assistance Program for their employees. The ESI EAP was selected as the vendor of choice and a final decision will be made soon on endorsing this program that will be paid 100% by the members that select it as a benefit.

Nominations and Engagement

Thank you to those that filled out the survey sent on behalf of the Nominations and Engagement Committee. They will be looking over the slate of candidates to come before the Board for the 2024 plan year.

Claims and Appeals

As BMI continues to audit our Excellus medical claims, we have asked them for a proposal to commence our prescription drug claims for 2021, 2022 and 2023. It is our plan to start the PBM audit late summer to get us back up to regular compliance timing of every other year.

Our quarterly newsletter, Consortium Connection, is now paperless, please sign up on our website to continue to receive the newsletter electronically or follow this link to read June's newsletter:
<http://www.healthconsortium.net/newsletter>

Our presence on Facebook is growing, to see what is happening in wellness each month, please visit our Facebook site. [Link to FB page](#)

Respectfully submitted by Elin R. Dowd, Executive Director, August 11, 2023.

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM

Pharmacy Benefits Presentation



August 24, 2023



PRESENTERS

Brandon Holt

Account Manager, Strategic Accounts

Amy Handelman

Director, Enterprise Pharmacy Growth

Kelli Lasher

Regional Director of Sales & Account Management,
Strategic Accounts



THE AGENDA



Our Approach



Consortium and Member Experience



Transition



The Value of Our Partnership



OUR APPROACH

THE EXCELLUS BCBS ADVANTAGE

Excellus BCBS Rx is the Largest Regional PBM, Partnering with the Largest National PBM to Provide National Caliber Pharmacy Benefits with Local Resources



Excellus BCBS Rx

- Cohesive Medical and Drug Management
- Innovative and Quality Programs
- Pharmacy Management Expertise
- Local Support and Service
- Full Suite of Cost-Saving Solutions
- ACQA Support
- Specialty Rx Pipeline and Trend Analysis

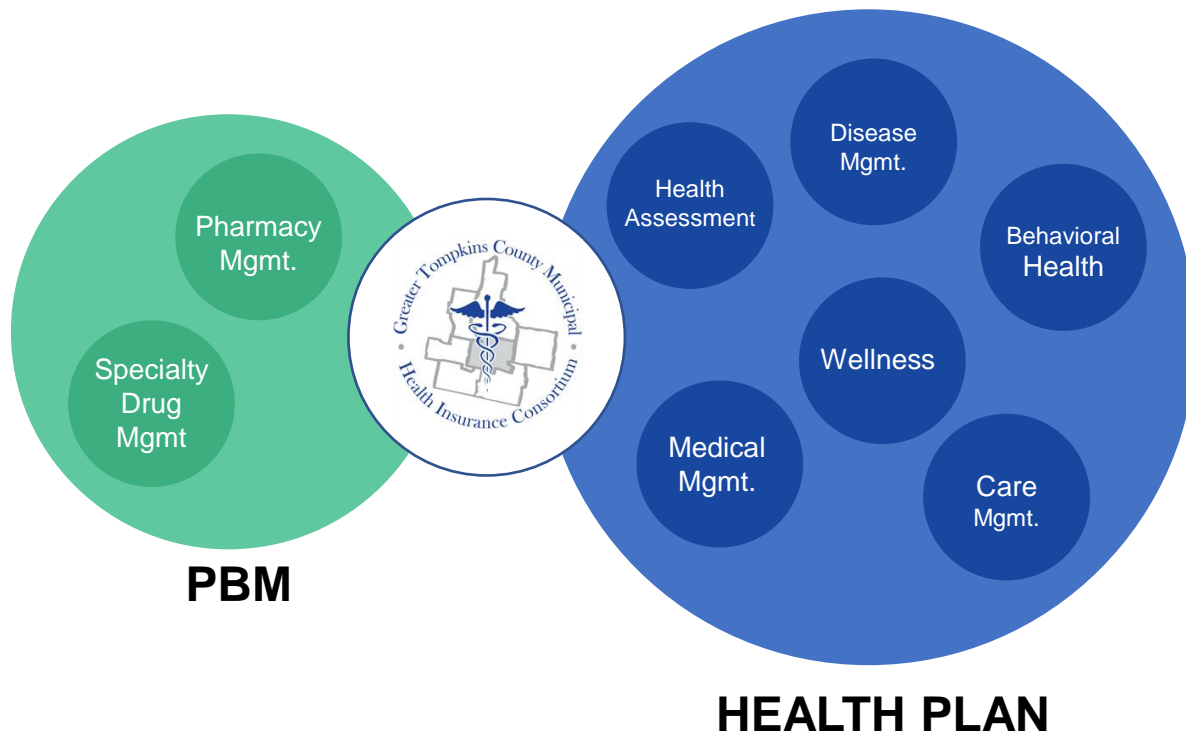
Express Scripts

- Pharmacy Network
- Strong Negotiation Position
- Rebate Contracting
- Claims Adjudication
- Home Delivery Service

MEDICAL AND RX INTEGRATION: SEEING THE WHOLE PICTURE

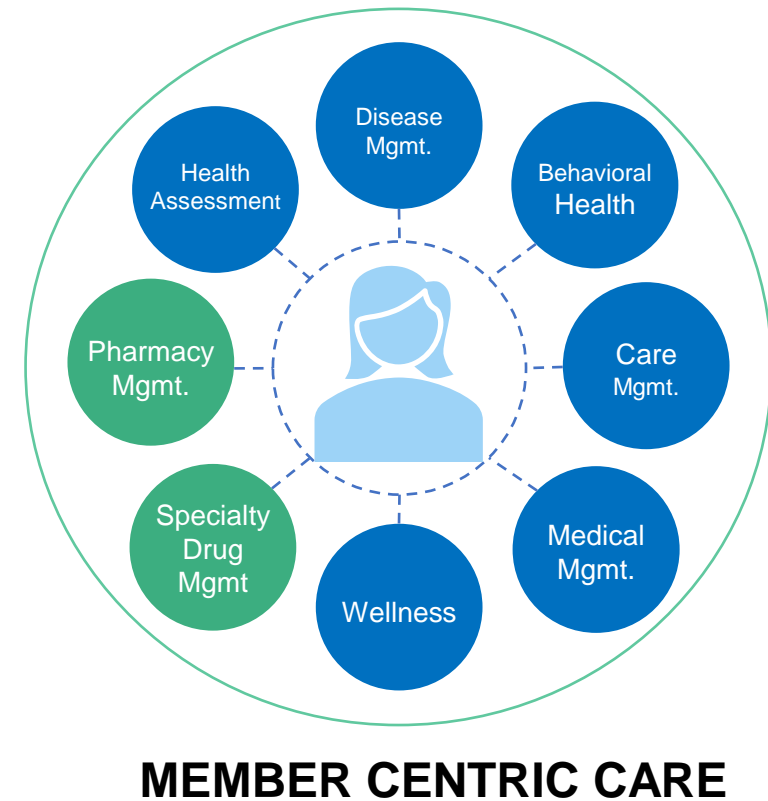
Carving Out RX

Fragmented Health Services + Carved-out Pharmacy
= Higher True Cost, Compromised Outcomes,
Administrative Hassle



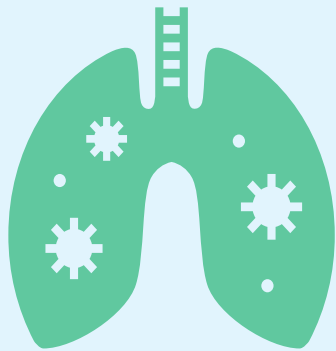
Value of Integration

Integrated Care Management + Flexibility + Simplicity
= Lower True Cost, Optimal Member Experience,
Better Health Outcomes



REAL TIME MEDICAL AND PHARMACY INTEGRATION

Our holistic, clinically based, synchronized approach puts the member at the center of care while reducing costs and improving health outcomes.



Chronic Condition Focus

Medical and pharmacy clinical teams work with members to encourage proper medication adherence.



Specialty Drug Management

Clinicians learn a member's whole story – medical and pharmacy – to help guide optimal care.



Preventable Utilization Costs

When medical and pharmacy benefits are integrated, a member's care becomes more manageable and costly hospitalizations are avoided.

THE EXCELLUS BCBS EXPERIENCE FOSTERS OUR DATA-DRIVEN RESULTS

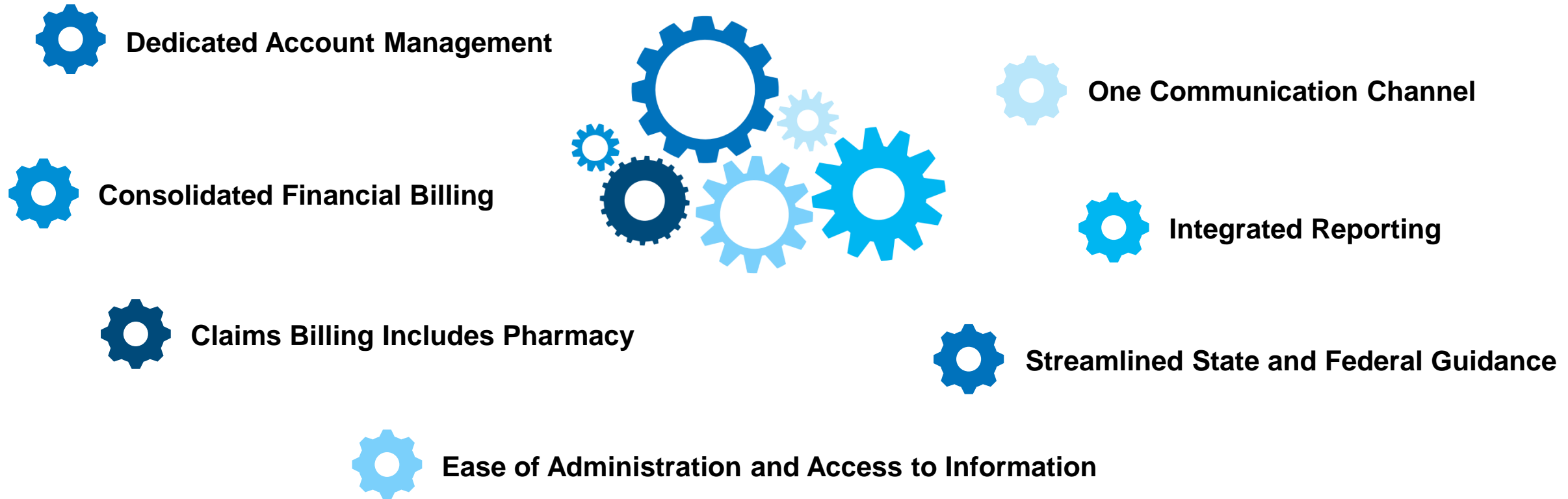




**CONSORTIUM AND
MEMBER
EXPERIENCE**

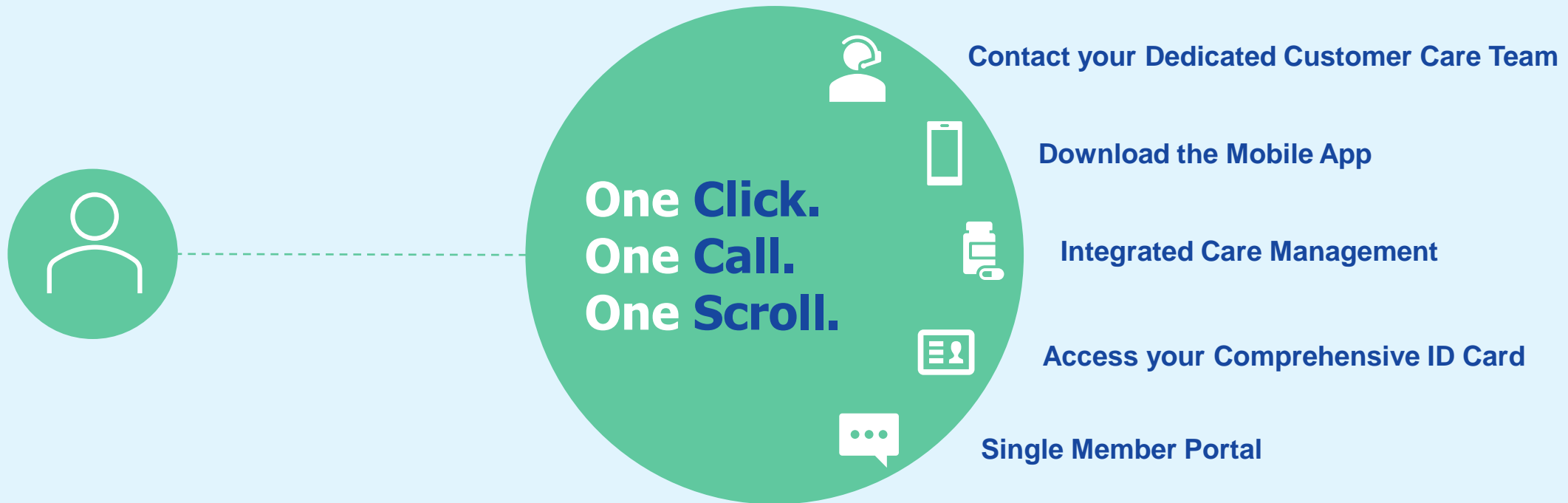
INTEGRATED GROUP EXPERIENCE

Our medical and pharmacy benefits are designed to work together as one integrated system that streamlines processes, creates efficiencies, reduces costs, and identifies strategic opportunities for our clients.



ONE POINT OF CONTACT FOR ALL YOUR HEALTH CARE NEEDS

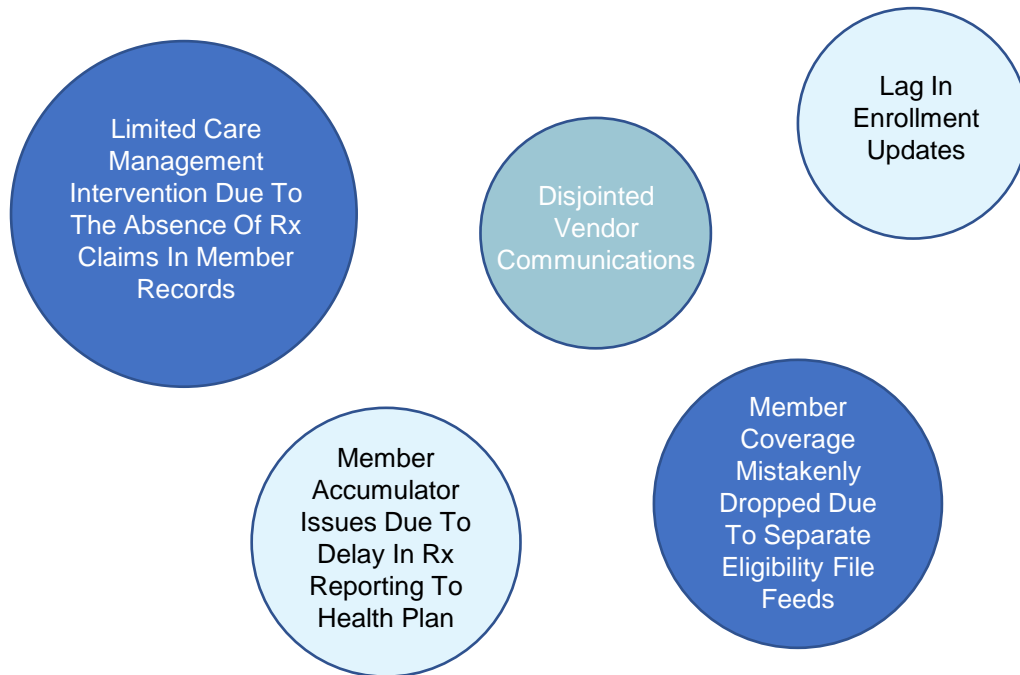
Members can access their complete health care benefit (Medical and Rx) in just a single interaction. Digital tools and live interactions offer members multiple options for obtaining information.



THE POSITIVE IMPACT OF CHANGE

In Today's Environment

You might experience some **Compromised Outcomes**



Future State

Experience **Optimal Outcomes**

- Integrated Partner
- Seamless Communications
- Eliminates Eligibility Transfer Files
- One System For Medical And Pharmacy
- No Delay In Member Accumulator Updates

FINANCIAL OVERVIEW

Excellus BCBS adds value for our clients through all inclusive pricing, guarantees, rebates and allowances.

Administrative Fees

SOME THINGS ARE TOO IMPORTANT TO BE OPTIONAL.

We include important services that other PBMs consider optional.

Two-month Medical Administrative fee holiday.

Implementation

CHANGE IS GOOD.

We will help ease the cost of transition to us.

Allowance is a one-time amount of per member.

Guarantees in place that drive milestones and targets for successful transition.

Guarantees

WE PUT OUR MONEY WHERE OUR MOUTH IS...

Includes Medical, Pharmacy and Quality guarantees.

Quality guarantees include measures on enrollment, accuracy and communication.

Performance guarantees measure accuracy and timeliness in claims and service.

Wellness Credit

HELP YOUR MEMBERS AND YOUR ORGANIZATION BE WELL

Funds can be used to educate and motivate your employees with healthy habits.

Total credit is for each year beginning 2024 – 2026.

Rebates

BETTER TOGETHER

Pharmaceutical Manufacturers offer incentives for appropriate use. We share these savings with you.

Guaranteed rebates based on open formulary.

We also have additional innovative programs proven to provide supplemental savings. A Pharmacy Management Fund is being offered to use towards these cost-saving programs.

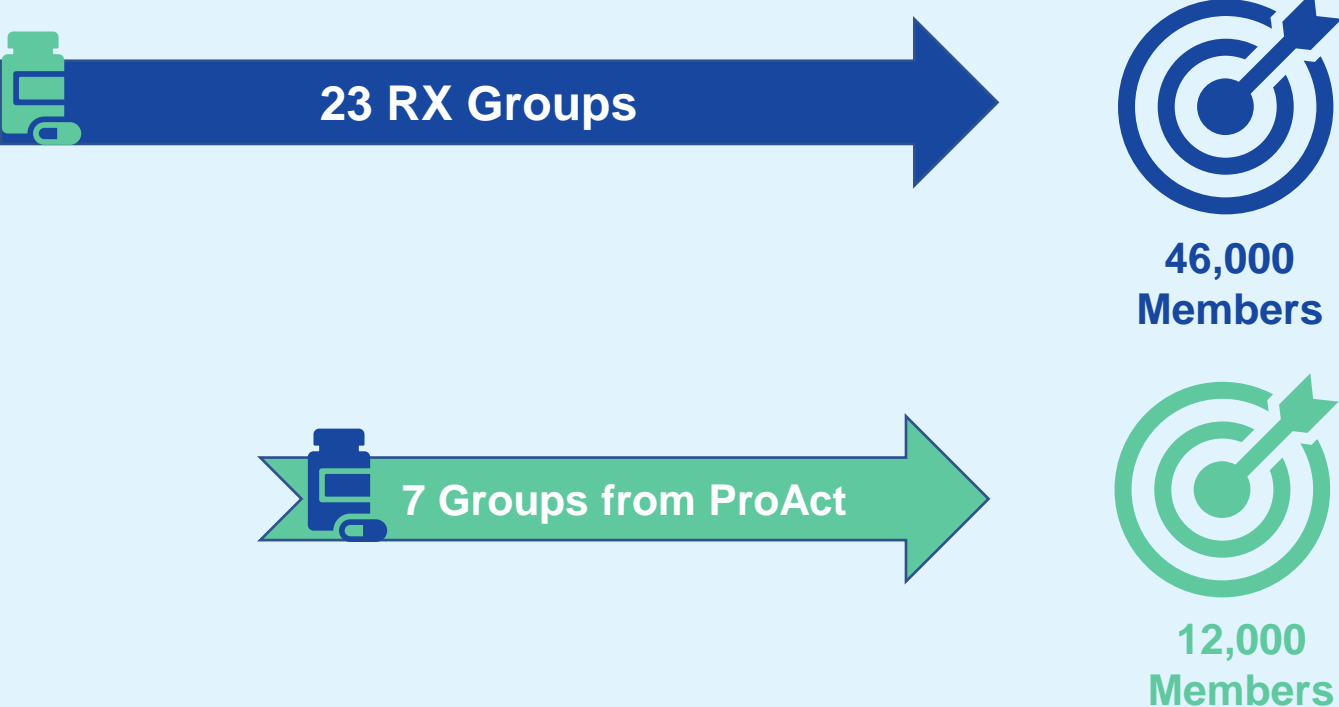


PROVEN PARTNERS THROUGH CHANGE

Our Goal is to Ensure Continuity of Care for Your Members

- ✓ **Transition Process**
We are ready to begin when you are.
- ✓ **Accuracy**
We capture all pharmacy benefits to ensure accuracy every step of the way.
- ✓ **Smooth Transfer**
Confirm network and formulary to limit disruption.
- ✓ **Continuity of Care**
Request claims history from ProAct including authorizations, open refills, step therapy.
- ✓ **Peace of Mind**
Our contingency plan is to waive PA and pharmacy edit requirements for 90-days to build patient history if we do not receive the file.

Over the Past 5 Years, We Have Successfully Transitioned:



UNMATCHED CONSORTIUM EXPERIENCE

Our proven implementation process will ease your transition. We have experience serving consortiums of all sizes. We currently administer medical and pharmacy benefits for over 131,476 members from over 13 consortiums.



Herkimer-Fulton-Hamilton-Otsego BOCES
Creating Opportunities for Growth



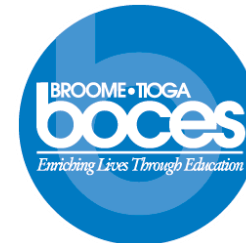
MOBOCES
Lead • Partner • Innovate • Excel



Genesee Health Plan



The Cooperative Health Insurance Fund of Central New York





**VALUE OF OUR
PARTNERSHIP**

WHY EXCELLUS BCBS IS THE RIGHT PARTNER FOR YOU

We understand the culture and needs of the Consortium and its members



Significant savings from medical and pharmacy integration, with additional programs available



Aggressive financial guarantees to protect GTCMHIC finances and assist with the transition



Local, dedicated teams for superior support in account management, customer care and pharmacy administration



Treating the whole member for better health and lower cost through our integrated approach



Proven, implementation expertise, ensuring accuracy and member satisfaction through transition and beyond



Data driven results through Medical and Pharmacy benefits coming together



QUESTIONS?



2023 Fiscal Year Budget Performance Report As of July 31, 2023

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E-mail: slocey@loceycahill.com



Section 1

2023 Fiscal Year-to-Date Income Budget vs Actual Results

2023 Income Budget vs Actual (07/31/2023)

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2023 Budget Performance Analysis

Results as of: 7/31/2023

of Months: 7

	2023 Adopted Budget	2023 Amended Budget	2023 Year-to-Date Budget	2023 Actual Results	Variance	% Difference
Income						
	Medical and Rx Plan Premiums	\$58,409,919.48	\$62,109,184.32	\$36,230,357.52	\$35,903,505.46	-\$326,852.06 -0.90%
9020	Interest	\$450,000.00	\$450,000.00	\$262,500.00	\$231,685.68	-\$30,814.32 -11.74%
9010	Rx Rebates	\$2,900,000.00	\$2,900,000.00	\$1,450,000.00	\$1,527,679.45	\$77,679.45 5.36%
9040	Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 0.00%
9030	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 0.00%
Total Income		\$61,759,919.48	\$65,459,184.32	\$37,942,857.52	\$37,662,870.59	-\$279,986.93 -0.74%

Key Facts:

1. Total Income was 0.90% below the amended budget for the first 7-months of the fiscal period. The amended budget reflects the changes in plan designs by participants as well as the additions of new members municipalities.

2023 Income Budget vs Actual (07/31/2023)

Key Facts (continued):

- The number of contracts insured by the Consortium increased by 8.98% and the number of covered lives grew by 9.26%, primarily as the result of adding new municipalities to the Consortium.

Monthly Average Covered Lives by Fiscal Year

<i>Year</i>	<i>Member</i>	<i>Spouse</i>	<i>Dependent</i>	<i>Total lives</i>
2011	1,995	1,056	1,348	4,400
2012	2,004	1,058	1,386	4,448
2013	2,281	1,228	1,567	5,077
2014	2,269	1,188	1,556	5,012
2015	2,301	1,173	1,546	5,021
2016	2,322	1,186	1,555	5,063
2017	2,397	1,208	1,567	5,172
2018	2,439	1,216	1,546	5,201
2019	2,867	1,436	1,867	6,170
2020	2,942	1,454	1,876	6,271
2021	3,035	1,406	1,862	6,303
2022	3,115	1,399	1,868	6,382
2023	3,397	1,507	2,069	6,973

* Member = Employee, Retiree, or COBRA Contract Holder

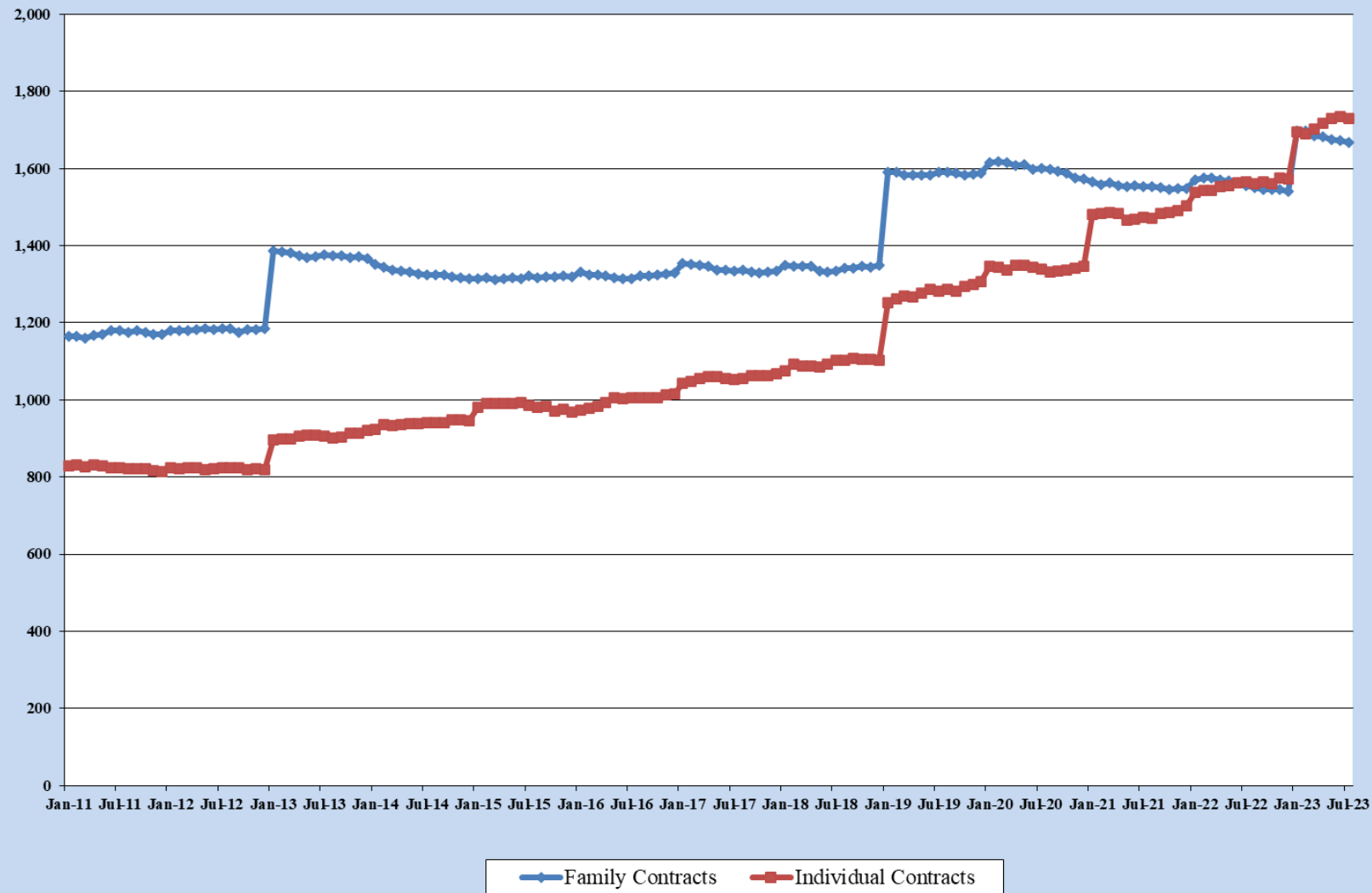
Monthly Average Contract Count by Fiscal Year

<i>Year</i>	<i>Family Contracts</i>	<i>Individual Contracts</i>	<i>Total Contracts</i>	<i>Avg. # of Lives Per Contract</i>	<i>Avg. # of Lives Per Family</i>
2011	1,172	824	1,995	2.205	3.053
2012	1,182	822	2,004	2.220	3.068
2013	1,375	907	2,281	2.225	3.033
2014	1,329	939	2,269	2.209	3.064
2015	1,317	984	2,301	2.182	3.065
2016	1,322	999	2,322	2.181	3.073
2017	1,340	1,058	2,397	2.157	3.071
2018	1,343	1,096	2,439	2.133	3.057
2019	1,586	1,281	2,867	2.152	3.082
2020	1,600	1,342	2,942	2.132	3.081
2021	1,555	1,481	3,036	2.076	3.101
2022	1,559	1,558	3,117	2.047	3.094
2023	1,683	1,714	3,397	2.053	3.125

Greater Tompkins County Municipal Health Insurance Consortium

Monthly Contract Count by Plan Type

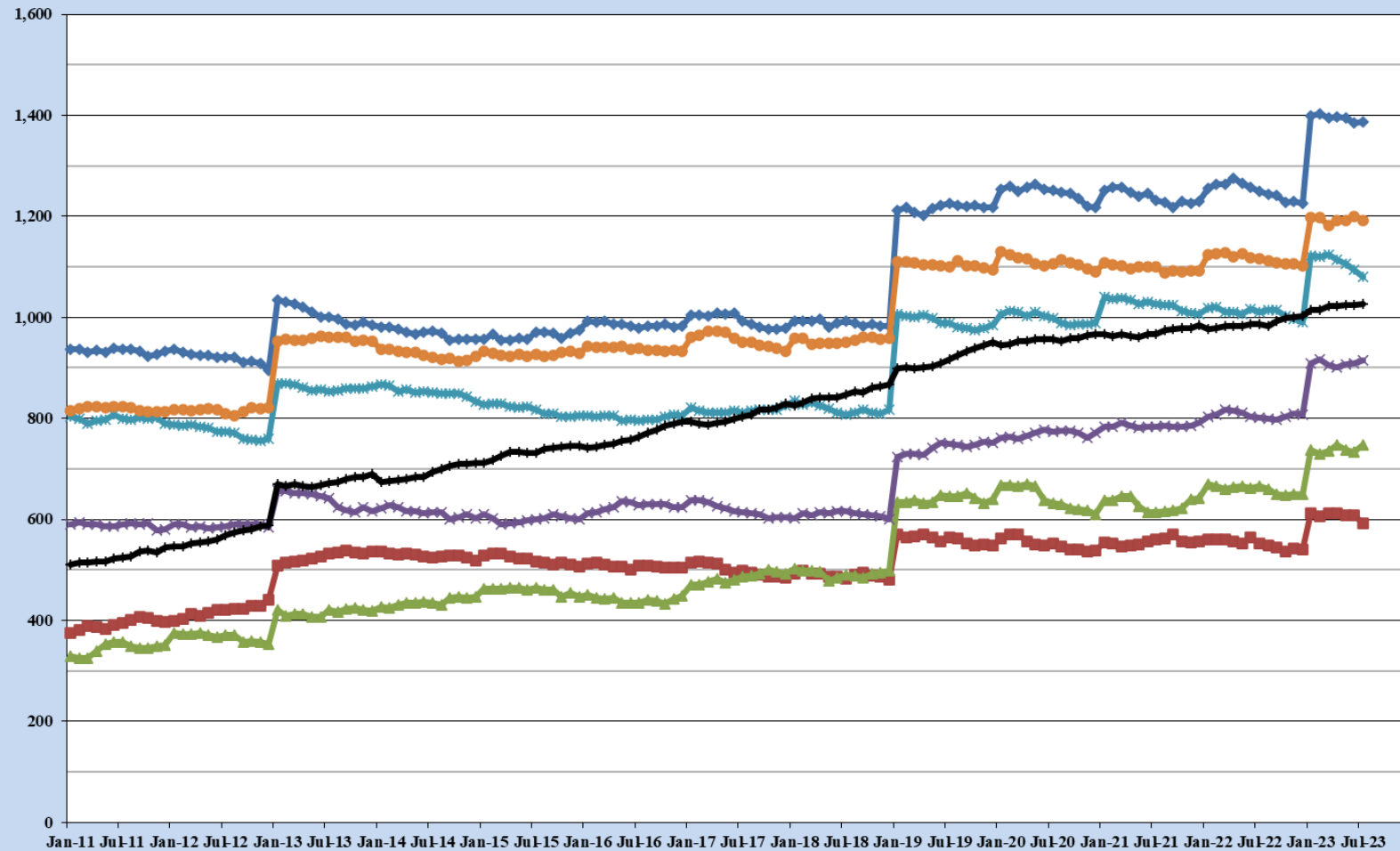
January 1, 2011 to July 31, 2023



Greater Tompkins County Municipal Health Insurance Consortium

Monthly Covered Lives by Age Band

January 1, 2011 to July 31, 2023



2023 Income Budget vs Actual (07/31/2023)

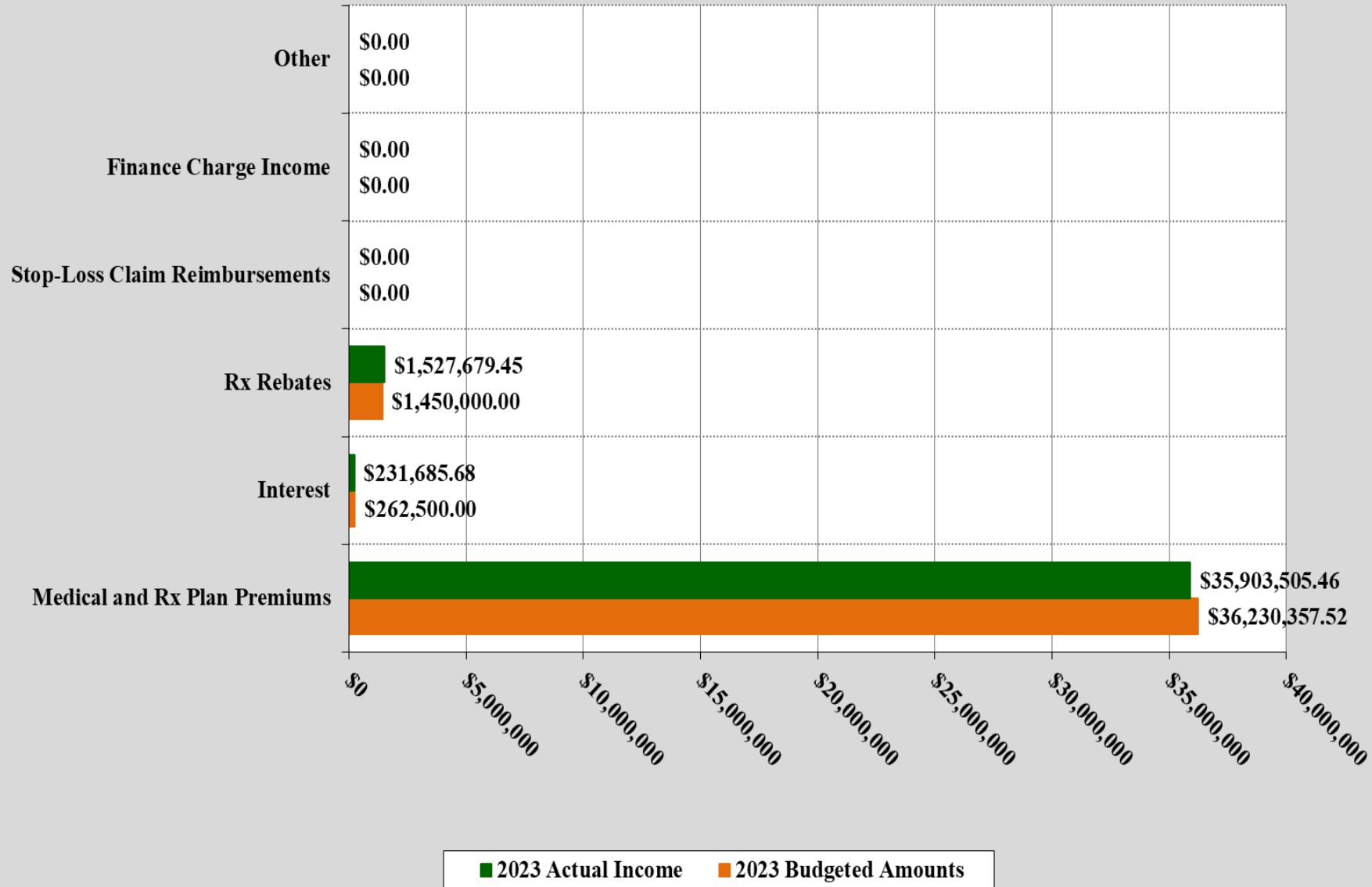
Key Facts (continued):

2. The Consortium invests in notes/bonds which are held to maturity but records gains and/or losses on a monthly basis (“mark to market”). Interest earnings for shorter term investments have shown greater returns with market conditions improving.
3. In April, the Consortium received the second pharmaceutical manufacturer rebate payment for 2023 in the amount of \$780,012.47, which slightly exceeded the budget expectation. We have been notified that the 1st quarter 2023 rebate will be disbursed in August in the amount of \$850,555.61.
4. The Consortium did not receive any reimbursements for claims which exceeded the Specific Stop-Loss Insurance Deductible of \$1 million. To date, there have been no claims in excess of \$1,000,000 for this year or the previous year.
5. There were no receipts recorded in the “Other” income category as of June 30th. Even when the Consortium does register some miscellaneous income, the impact is negligible at best and has very little effect on the overall net position of the Consortium.

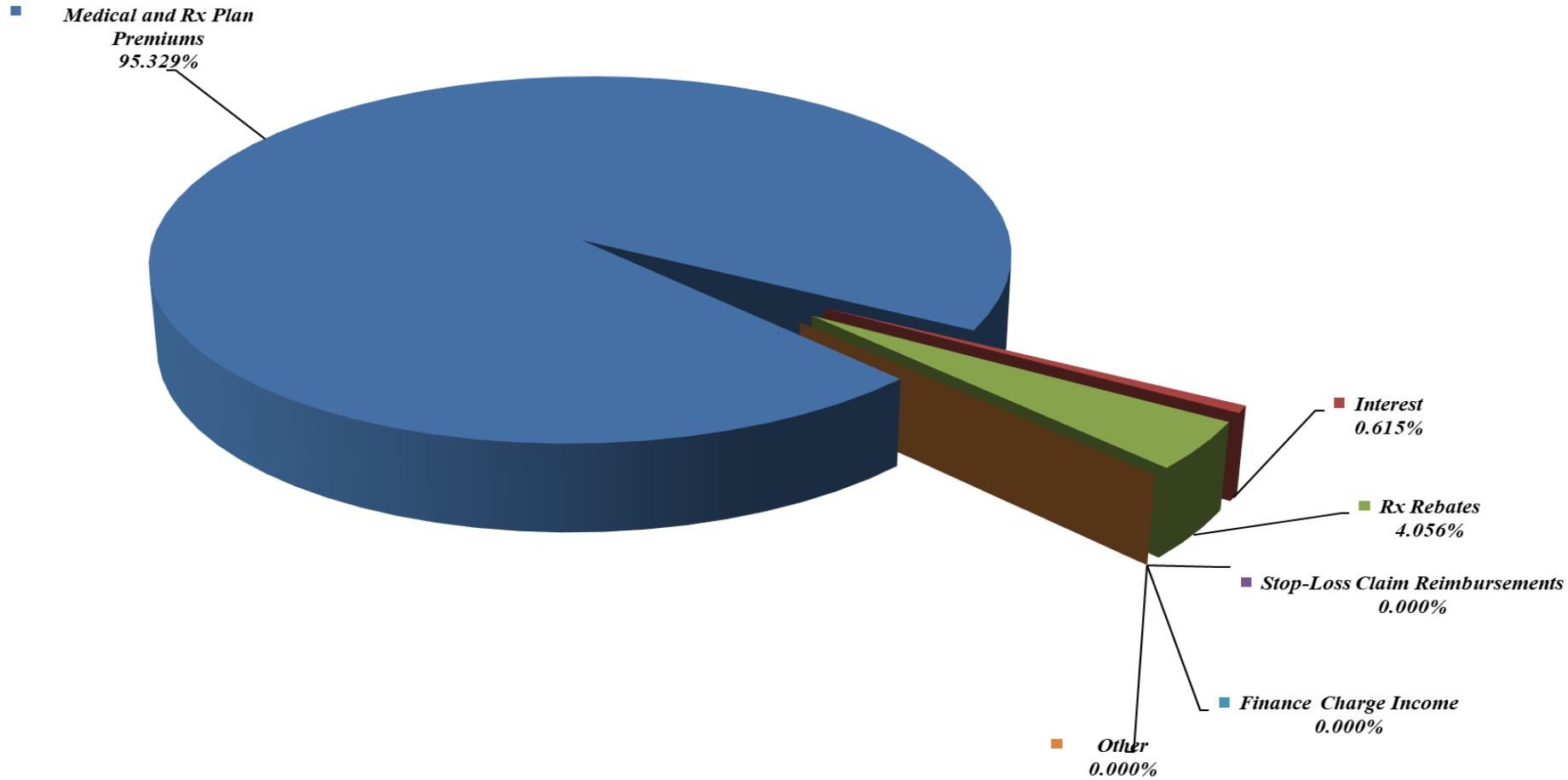
Greater Tompkins County Municipal Health Ins. Consortium

2023 Income Distribution

January 1, 2023 to July 31, 2023



Greater Tompkins County Municipal Health Ins. Consortium
2023 Income Distribution
January 1, 2023 to July 31, 2023





Section 2

2023 Fiscal Year-to-Date
Expense Budget vs Actual Results

2023 Expense Budget vs Actual Results (07/31/2023)

		2023 Adopted Budget	2023 Amended Budget	2023 Year-to-Date Budget	2023 Actual Results	Variance	% Difference
Expenses							
8090	Medical Paid Claims	\$40,773,545.30	\$43,149,264.56	\$24,893,806.48	\$25,295,083.07	\$401,276.59	1.61%
	Advance Deposit / Pre-Paid Claims	\$39,415.00	\$139,700.00	\$139,700.00	\$139,700.00	\$0.00	0.00%
8120	Rx Paid Claims - ProAct	\$17,640,630.54	\$18,787,861.39	\$10,839,150.80	\$11,940,271.89	\$1,101,121.09	10.16%
8121	Rx Paid Claims - CanaRx	\$178,747.40	\$178,747.40	\$104,269.32	\$86,993.40	-\$17,275.92	-16.57%
8084	Flu Clinic Fees	\$23,733.39	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8050	Medical Admin Fees	\$1,606,871.12	\$1,762,898.30	\$1,028,357.34	\$993,408.82	-\$34,948.52	-3.40%
	Rx Admin Fees	\$272,156.43	\$298,582.82	\$174,173.31	\$169,796.04	-\$4,377.27	-2.51%
8091	NYS Covered Lives Assessment	\$387,749.01	\$429,780.00	\$250,705.00	\$249,037.85	-\$1,667.15	-0.66%
9060	ACA PCORI Fee	\$19,830.73	\$21,756.29	\$21,756.29	\$17,808.57	-\$3,947.72	-18.15%
8110	Specific Stop-Loss Insurance (Actual)	\$795,720.20	\$872,984.63	\$509,241.03	\$187,642.77	-\$321,598.26	-63.15%
8000	Accounting Fees	\$19,570.00	\$19,570.00	\$11,415.83	\$12,800.00	\$1,384.17	12.12%
8010	Actuarial Fees	\$7,416.00	\$7,416.00	\$4,326.00	\$7,200.00	\$2,874.00	66.44%
8020	Audit Fees (Financial)	\$164,935.00	\$164,935.00	\$96,212.08	\$34,147.10	-\$62,064.98	-64.51%
8021	Audit Fees (Claims)	\$52,833.85	\$92,750.00	\$54,104.17	\$23,875.00	-\$30,229.17	-55.87%
8055	Consultant Fees (Strat Plan)	\$20,000.00	\$100,000.00	\$58,333.33	\$75,000.00	\$16,666.67	28.57%
8030	Consultant Fees (L&C)	\$94,399.50	\$94,399.50	\$55,066.38	\$54,950.00	-\$116.38	-0.21%
8070	Legal Fees	\$12,360.00	\$12,360.00	\$7,210.00	\$5,335.00	-\$1,875.00	-26.01%
8065	Wellness Program Costs	\$12,500.00	\$12,500.00	\$7,291.67	\$642.87	-\$6,648.80	-91.18%
6600	Salaries	\$310,542.75	\$310,542.75	\$181,149.94	\$177,570.00	-\$3,579.94	-1.98%
66002	Fringe Benefits	\$124,217.10	\$124,217.10	\$72,459.98	\$56,787.21	-\$15,672.77	-21.63%

2023 Expense Budget vs Actual Results (07/31/2023)

		2023 <i>Adopted Budget</i>	2023 <i>Amended Budget</i>	2023 <i>Year-to-Date Budget</i>	2023 <i>Actual Results</i>	<i>Variance</i>	<i>% Difference</i>
Expenses							
8060	Insurances (D&O / Prof. Liability)	\$64,092.60	\$65,014.00	\$37,924.83	\$37,924.81	-\$0.02	0.00%
8041	Internal Coordination (Finance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8042	Internal Coordination (Support)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8040	Internal Coordination Fees (Other)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8045	Internal Coordination (Town of Ithaca)	\$6,000.00	\$6,000.00	\$3,500.00	\$3,500.00	\$0.00	0.00%
8044	Internal Coordination (IT Support)	\$6,881.43	\$12,881.43	\$7,514.17	\$3,955.58	-\$3,558.59	-47.36%
9065	Marketing Expenses	\$2,500.00	\$2,500.00	\$1,458.33	\$0.00	-\$1,458.33	-100.00%
9055	Investment Management Services	\$24,000.00	\$24,000.00	\$14,000.00	\$6,025.78	-\$7,974.22	-56.96%
8150	Supplies Expense	\$4,202.40	\$7,500.00	\$4,375.00	\$998.47	-\$3,376.53	-77.18%
8151	Computer Equipment	\$5,000.00	\$5,000.00	\$2,916.67	\$0.00	-\$2,916.67	-100.00%
8152	Lease Expense / Parking Fees	\$60,000.00	\$60,000.00	\$35,000.00	\$9,346.20	-\$25,653.80	-73.30%
8153	Mileage- Travel Expenses	\$2,500.00	\$2,500.00	\$1,458.33	\$477.29	-\$981.04	-67.27%
8154	Software	\$0.00	\$0.00	\$0.00	\$937.72	\$937.72	0.00%
8155	Postage	\$0.00	\$0.00	\$0.00	\$621.59	\$621.59	0.00%
8156	Furniture and Fixtures	\$25,000.00	\$75,000.00	\$43,750.00	\$0.00	-\$43,750.00	-100.00%
8157	Training & Prof. Dev.	\$5,000.00	\$5,000.00	\$2,916.67	\$1,136.00	-\$1,780.67	-61.05%
8158	Subscriptions	\$1,000.00	\$1,000.00	\$583.33	\$0.00	-\$583.33	-100.00%
9060	Other Expenses / Supplies	\$7,822.85	\$7,822.85	\$4,563.33	\$0.00	-\$4,563.33	-100.00%
Total Expenses		\$62,771,172.60	\$66,854,484.02	\$38,668,689.61	\$39,592,973.03	\$924,283.42	2.39%
Net Income		-\$1,011,253.12	-\$1,395,299.70	-\$725,832.09	-\$1,930,102.44	-\$1,204,270.35	

2023 Expense Budget vs Actual Results (07/31/2023)

	2023 Adopted Budget	2023 Amended Budget	2023 Year-to-Date Budget	2023 Actual Results	Variance	% Difference
Paid Claims	\$58,656,071.63	\$62,255,573.35	\$35,976,926.60	\$37,462,048.36	\$1,485,121.76	4.13%
Claims Admin. Fees	\$1,879,027.55	\$2,061,481.12	\$1,202,530.65	\$1,163,204.86	-\$39,325.79	-3.27%
Stop-Loss	\$795,720.20	\$872,984.63	\$509,241.03	\$187,642.77	-\$321,598.26	-63.15%
Taxes and Fees	\$407,579.74	\$451,536.29	\$272,461.29	\$266,846.42	-\$5,614.87	-2.06%
Professional Services	\$384,014.35	\$503,930.50	\$293,959.46	\$213,949.97	-\$80,009.49	-27.22%
Insurance/Internal Fees	\$648,759.13	\$708,978.13	\$413,570.58	\$299,280.65	-\$114,289.93	-27.63%
Total Expenses	\$62,771,172.60	\$66,854,484.02	\$38,668,689.61	\$39,592,973.03	\$924,283.42	2.39%
Net Income	-\$1,011,253.12	-\$1,395,299.70	-\$725,832.09	-\$1,930,102.44	-\$1,204,270.35	

The above provides an “easier to read” summary version of the expense data for the Consortium through July 31, 2023. As you will note, the paid claims which collectively include medical, prescription drug, CanaRx and pre-paid claims account for 94.62% of the total expenses of the Consortium through the first 7-months of 2023. We show the overall paid claims to be 4.13% (including the advanced deposit for prepayment of claims) over budget for the 2023 Fiscal Year to Date, based on the amended budget as adjusted for the movement of contracts to other benefit plans and with the new municipal partners added to the program.

2023 Expense Budget vs Actual Results (07/31/2023)

Key Facts:

1. We continue to work with the Consortium's Executive Director and Financial Team to fine tune budget allocations and improve detailed reporting of expenses. This was done to provide a more detailed and accurate summary of the internal and external professional support costs. The amended budget updated some of the budget numbers based on the addition of new members and changes in enrollment by existing members.
2. Seven months into the fiscal period many of the expense items are below budget. Some items are annual expenses that have not been billed to the Consortium or are planned furniture and equipment purchases that have yet to be made. We anticipate these items will be more in line with the budget as the Consortium works its way through the fiscal year.
3. For new members added to the Consortium, most paid claims matured around the beginning of the 3rd month or so as the "run-out" claims (claims incurred on or before December 31, 2022) are the responsibility of their prior insurance carrier.

2023 Expense Budget vs Actual Results (07/31/2023)

Key Facts:

4. Medical Paid Claims in the first 7-months were **1.61% over the amended budget**, including the advanced deposit, for the fiscal year. This is up from 1.24% last month.

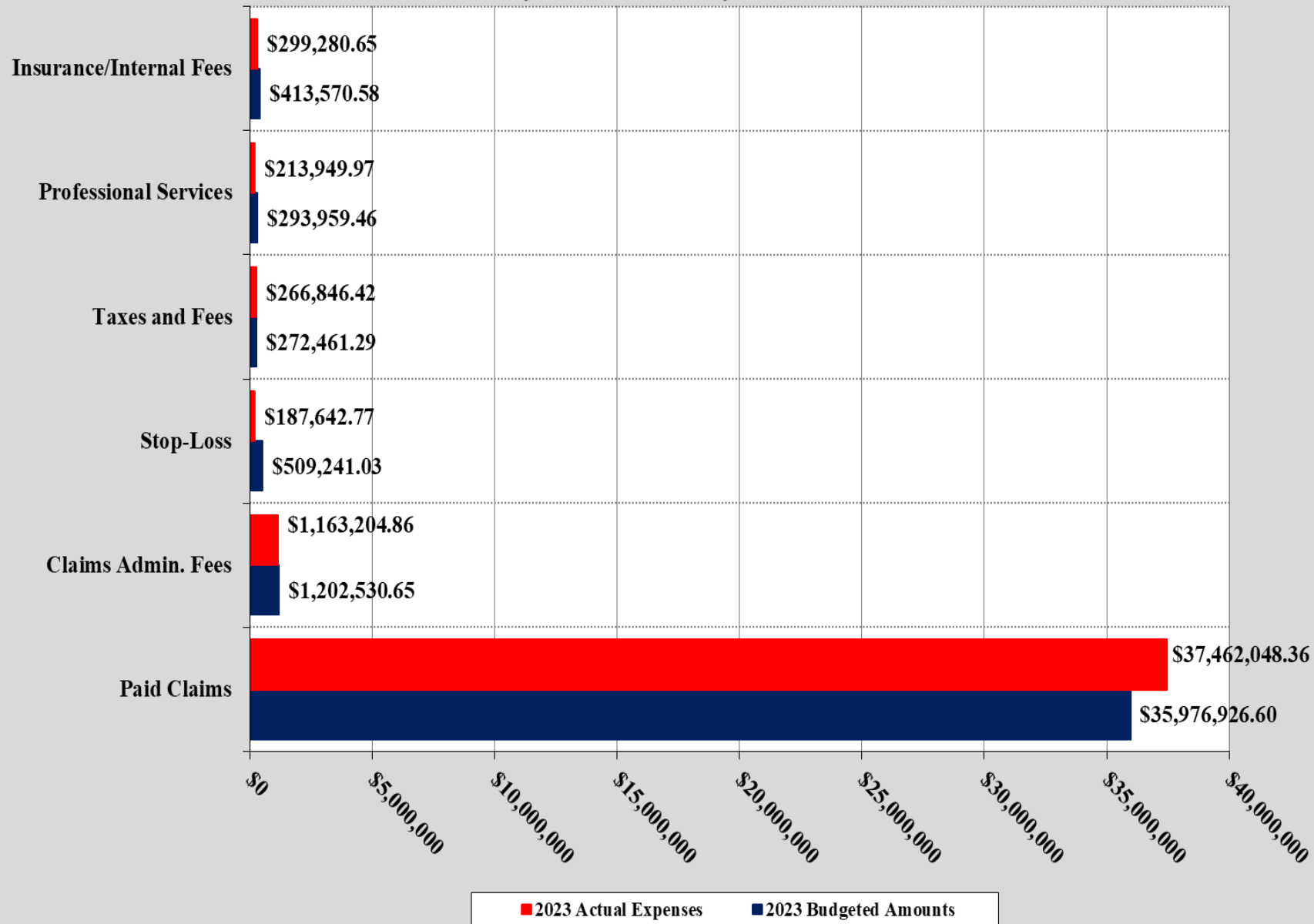
Other factors include:

- a) An increase in the covered lives ($\uparrow 9.26\%$) and in the number of contracts ($\uparrow 8.98\%$) skews the early 2023 medical paid claims due to the “run-in lag”.
 - b) Increased member participation in lower cost health insurance plans, like the Platinum Plan and the Medicare Supplement Plan by several employer groups.
 - c) The continuation of identifying the “new normal” of elective and/or minor medical procedures being performed following COVID-19 pandemic.
 - d) We continue to monitor the impact of inflation on the medical community.
5. Rx Paid Claims were **10.16% over budget** for the first 7-months of the 2023 Fiscal Year. This is up from 7.80% last month. We continue to monitor pharmacy paid claims trend closely as pharmacy claims become a greater contributor to the number of large loss claims we are seeing across our entire book of business.

Greater Tompkins County Municipal Health Ins. Consortium

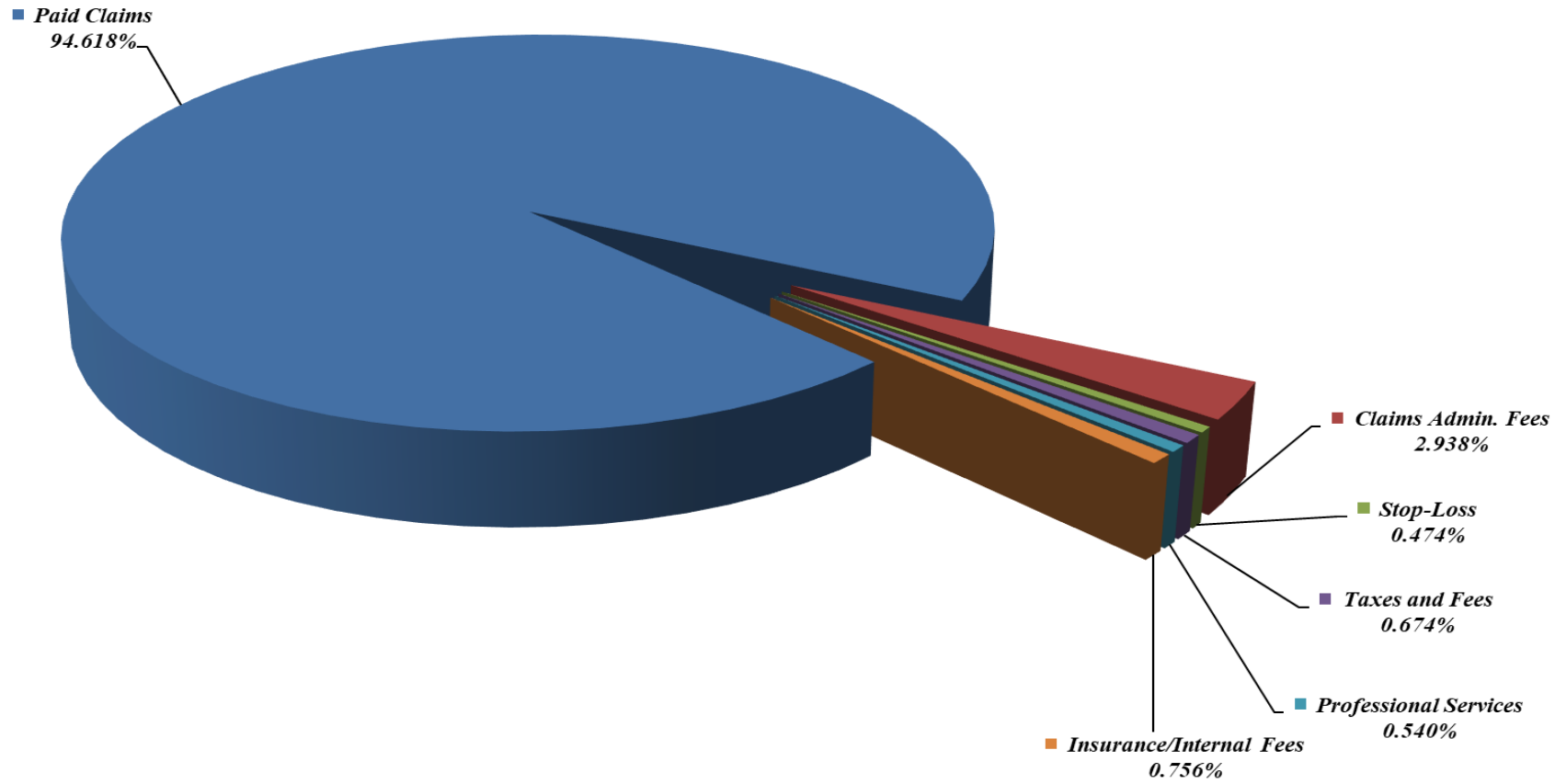
2023 Expense Distribution

January 1, 2023 to July 31, 2023



Greater Tompkins County Municipal Health Ins. Consortium

2023 Expense Distribution
January 1, 2023 to July 30, 2023



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

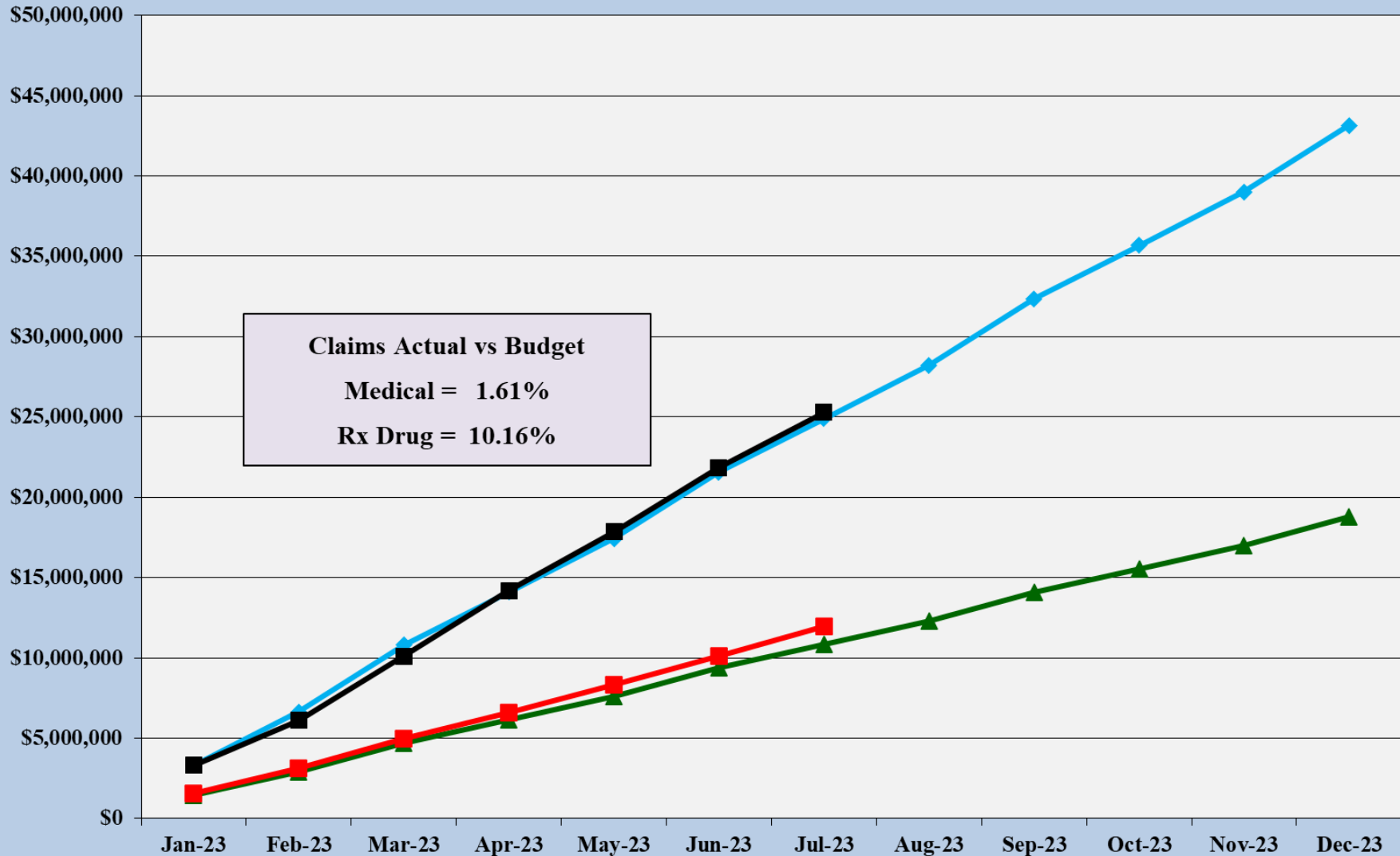


Section 3

2023 Fiscal Year-to-Date
Paid Claims Budget vs Actual Results

Greater Tompkins County Municipal Health Insurance Consortium

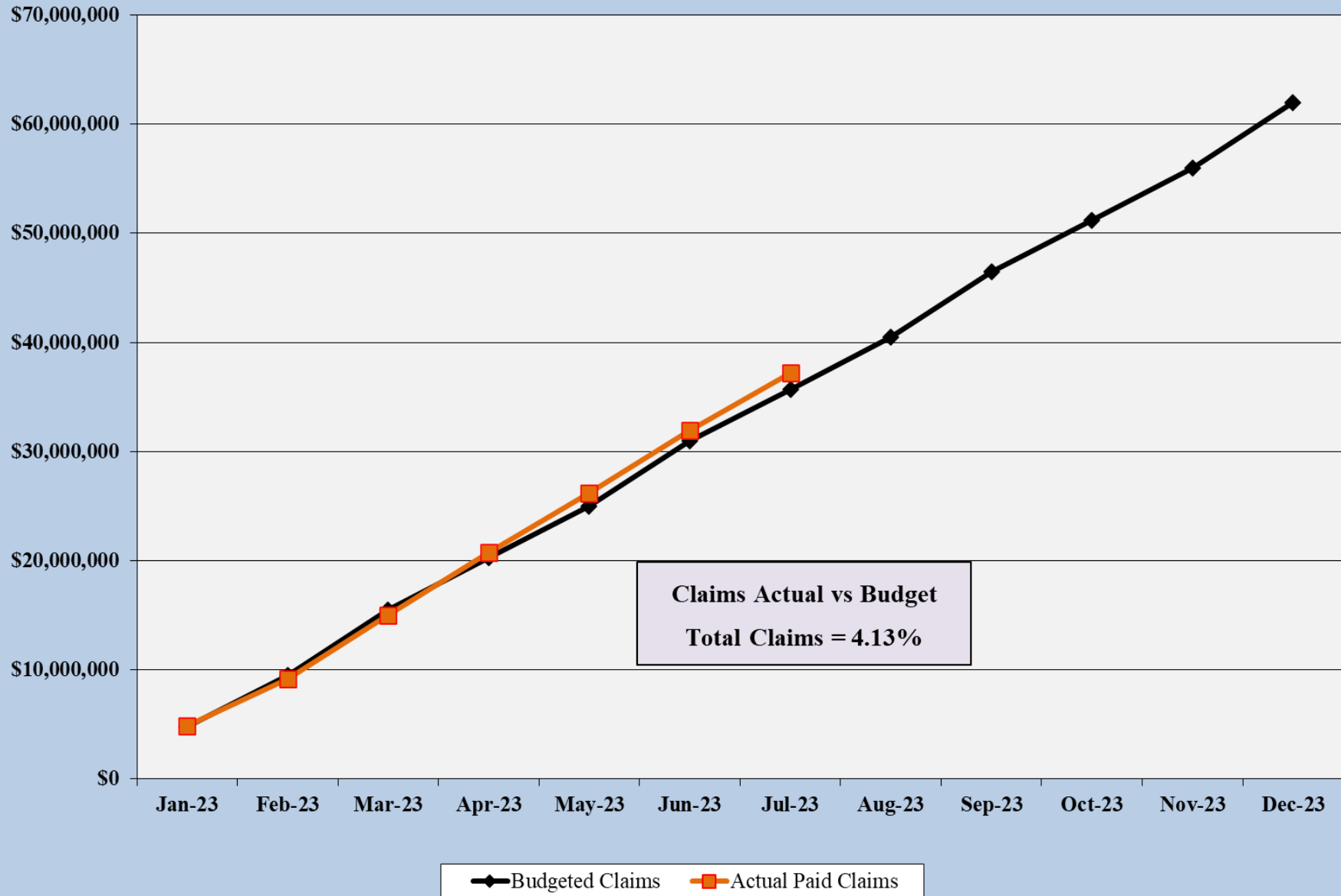
2023 Cumulative Paid Claims and Budgeted Claims by Month



—◆— Medical Plan Budgeted Claims
—■— Medical Plan Actual Paid Claims
—▲— Rx Plan Budgeted Claims
—■— Rx Paid Claims

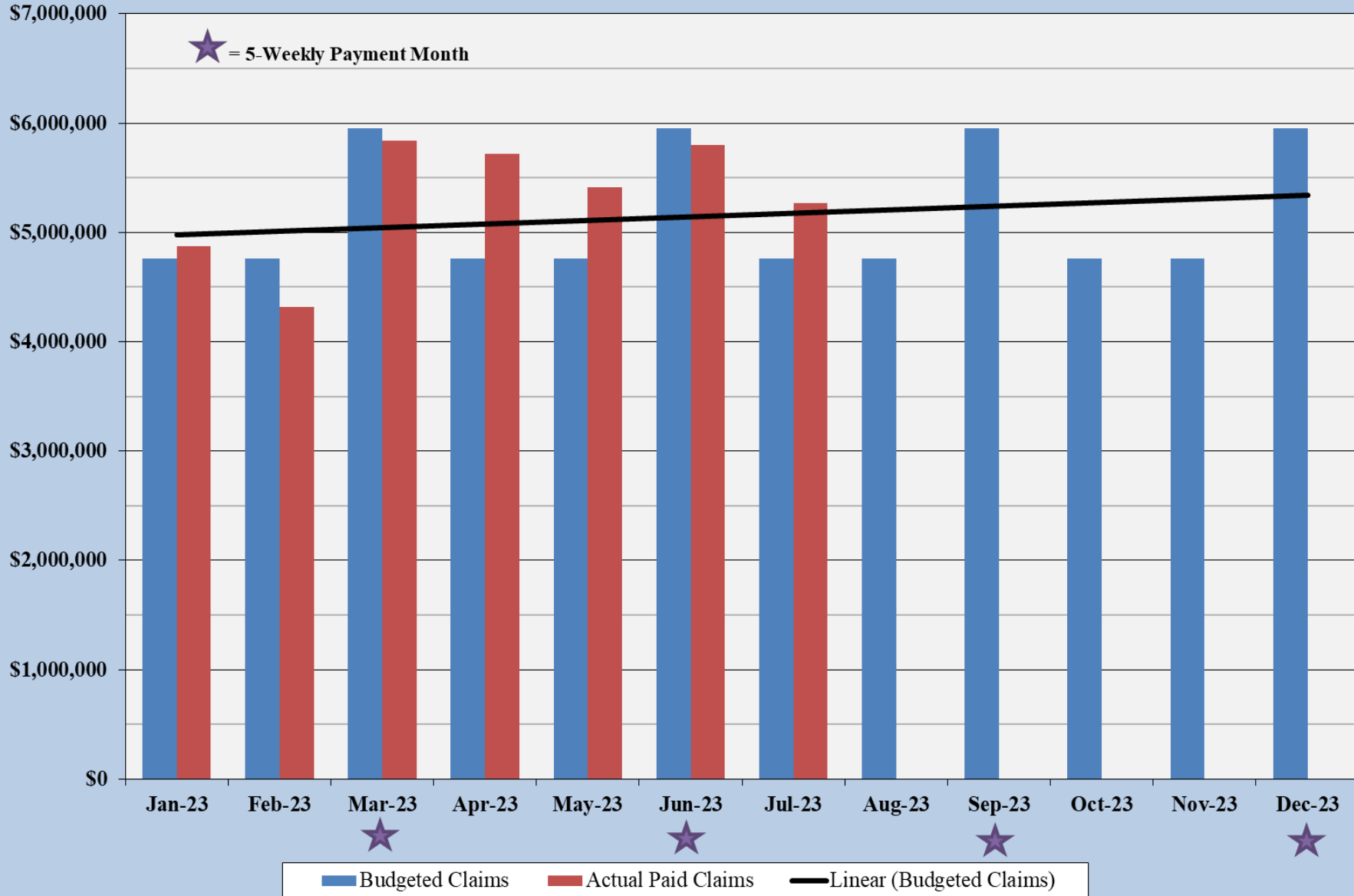
Greater Tompkins County Municipal Health Insurance Consortium

2023 Cumulative Paid Claims and Budgeted Claims by Month



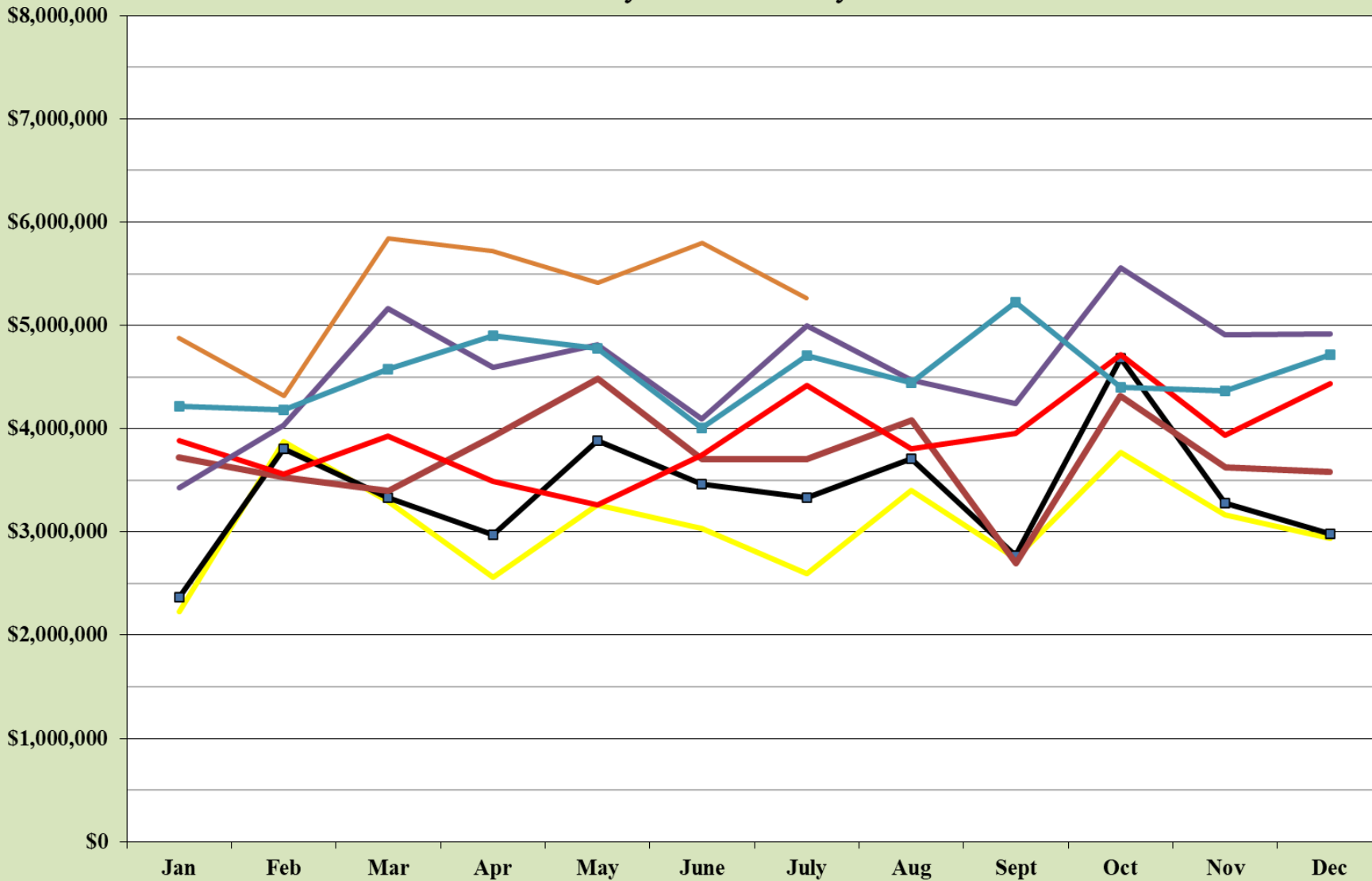
Greater Tompkins County Municipal Health Insurance Consortium

2023 Budgeted vs Actual Paid Claims by Month



Greater Tompkins County Municipal Health Ins Consortium

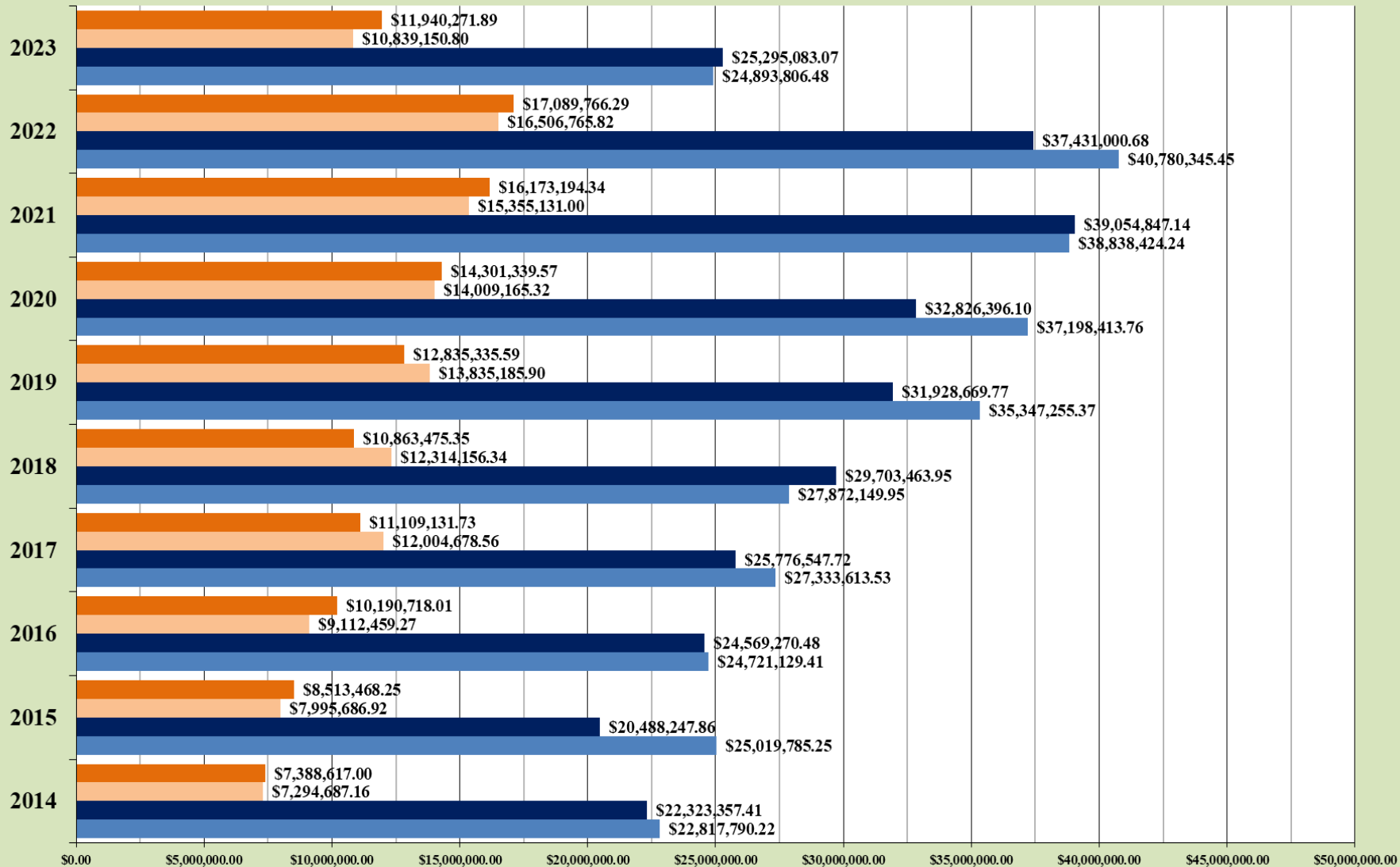
2017-2023 Monthly Paid Claims by Fiscal Year



2017 2018 2019 2020 2021 2022 2023

Greater Tompkins County Municipal Health Ins Consortium

2014-2023 (as of 7/31/2023) Annual Paid Claims v Budgeted Claims

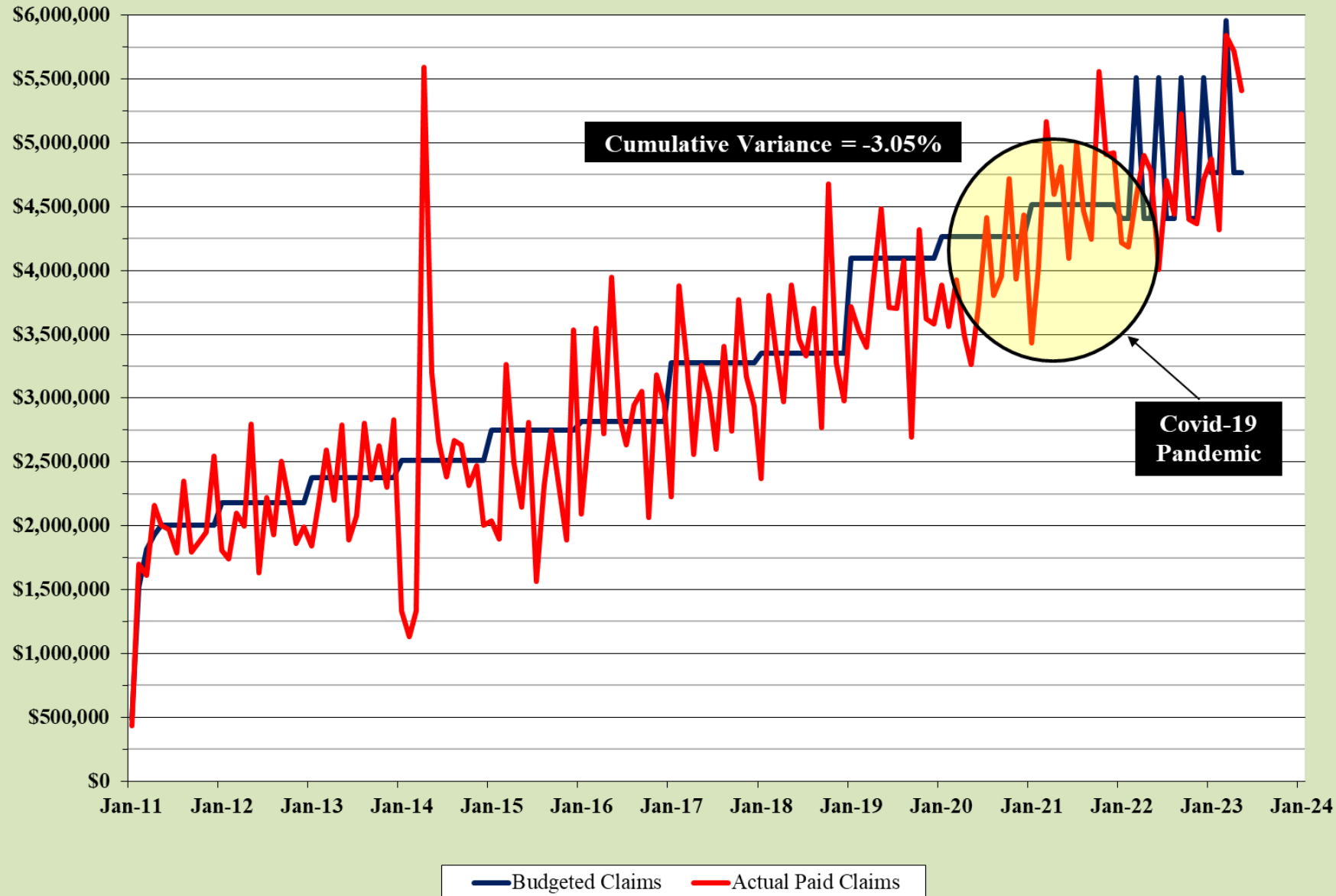


■ Actual Rx Claims
 ■ Budgeted Rx Claims
 ■ Actual Medical Claims
 ■ Budgeted Medical Claims

Greater Tompkins County Municipal Health Ins Consortium

2011-2023 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to July 31, 2023



APPROVED
**MEDICAL
CLAIM**



Section 4

High-Cost Claimants
Catastrophic Self-Insurance Pool

Large Loss and Catastrophic Claims History

Greater Tompkins County Municipal Health Insurance Consortium

Large Loss and Catastrophic Claims History (as of June 30, 2023)

Fiscal Year	Specific Stop-Loss Deductible	Number of Covered Lives	# of Claimants with Claims >\$100,000	# of Claimants with Claims >\$200,000	# of Claimants with Claims >\$300,000	# of Claimants with Claims >\$400,000	# of Claimants with Claims >\$500,000	Total Large Loss Claims Paid	Claim Dollars in Excess of Deductible	Stop-Loss Insurance Premium Paid
2011	\$250,000.00	4,400	13	3	1	0	0	\$2,357,898.22	\$146,063.45	\$384,392.52
2012	\$275,000.00	4,448	16	6	3	2	1	\$3,904,221.28	\$1,136,196.38	\$361,366.41
2013	\$300,000.00	5,077	22	7	4	1	0	\$4,079,308.91	\$292,967.64	\$592,381.65
2014	\$300,000.00	5,012	18	6	1	1	0	\$3,494,872.81	\$184,734.14	\$720,784.39
2015	\$400,000.00	5,021	23	2	1	1	1	\$3,722,006.77	\$125,880.36	\$642,080.30
2016	\$400,000.00	5,063	39	4	1	1	1	\$6,070,055.86	\$242,433.49	\$766,281.18
2017	\$450,000.00	5,172	24	12	1	1	0	\$3,057,208.40	\$8,294.21	\$738,819.42
2018	\$600,000.00	5,201	45	10	4	3	3	\$8,913,105.20	\$453,672.85	\$442,185.54
2019	\$600,000.00	6,174	46	14	3	2	1	\$8,874,919.83	\$29,295.28	\$693,190.30
2020	\$1,000,000.00	6,277	60	18	5	3	1	\$11,380,933.22	\$0.00	\$264,390.72
2021	\$1,000,000.00	6,303	66	23	8	6	5	\$14,096,053.18	\$0.00	\$270,471.20
2022	\$1,000,000.00	6,383	73	20	8	3	3	\$14,187,659.04	\$0.00	\$295,916.60
2023	\$1,000,000.00	6,979	19	7	3	0	0	\$4,567,808.21	\$0.00	\$161,157.25
Totals		71,510	464	132	43	24	16	\$88,706,050.93	\$2,619,537.80	\$6,333,417.48
Averages		5,501	35.692	10.154	3.308	1.846	1.231	\$6,823,542.38	\$201,502.91	\$487,185.96

Overall Stop-Loss Insurance Loss Ratio (Paid Claims ÷ Premium) = 41.36%

Large Loss and Catastrophic Claims History

Fiscal Year	Specific Stop-Loss Deductible	Number of Covered Lives	Number of Large Loss Claimants	Large Loss Claimants % of Covered Lives	Stop-Loss Insurance Premium Paid	Stop-Loss Insurance Premium PMPM	Total Large Loss Claims Paid	Annual Paid Claims Total	Large Loss Claims % of Total Claims	Catastrophic Claims Reserve	Catastrophic Reinsurance Pool Payments
2011	\$250,000.00	4,400	13	0.30%	\$384,392.52	\$7.28	\$2,357,898.22	\$22,190,664.18	10.63%	n/a	n/a
2012	\$275,000.00	4,448	16	0.36%	\$361,366.41	\$6.77	\$3,904,221.28	\$24,768,468.89	15.76%	n/a	n/a
2013	\$300,000.00	5,077	22	0.43%	\$592,381.65	\$9.72	\$4,079,308.91	\$28,487,573.02	14.32%	n/a	n/a
2014	\$300,000.00	5,012	18	0.36%	\$720,784.39	\$11.98	\$3,494,872.81	\$29,711,974.41	11.76%	\$600,000.00	n/a
2015	\$400,000.00	5,021	23	0.46%	\$642,080.30	\$10.66	\$3,722,006.77	\$29,001,716.11	12.83%	\$1,050,000.00	n/a
2016	\$400,000.00	5,063	39	0.77%	\$766,281.18	\$12.61	\$6,070,055.86	\$34,338,926.47	17.68%	\$1,050,000.00	n/a
2017	\$450,000.00	5,172	24	0.46%	\$738,819.42	\$11.90	\$3,057,208.40	\$36,885,679.45	8.29%	\$1,350,000.00	n/a
2018	\$600,000.00	5,201	45	0.87%	\$442,185.54	\$7.08	\$8,913,105.20	\$40,566,939.30	21.97%	\$2,000,000.00	n/a
2019	\$600,000.00	6,174	46	0.75%	\$693,190.30	\$9.36	\$8,874,919.83	\$44,764,005.36	19.83%	\$2,800,000.00	n/a
2020	\$1,000,000.00	6,277	60	0.96%	\$264,390.72	\$3.51	\$11,380,933.22	\$47,284,890.14	24.07%	\$5,032,220.00	\$0.00
2021	\$1,000,000.00	6,303	66	1.05%	\$270,471.20	\$3.58	\$14,096,053.18	\$55,410,491.28	25.44%	\$4,986,101.85	\$805,827.97
2022	\$1,000,000.00	6,383	73	1.14%	\$295,916.60	\$3.86	\$14,187,659.04	\$54,694,907.67	25.94%	\$4,642,294.20	\$236,359.85
2023	\$1,000,000.00	6,979	19	0.27%	\$161,157.25	\$3.85	\$4,567,808.21	\$31,969,098.13	14.29%	\$4,808,739.38	
Totals		71,510	464	0.65%	\$6,333,417.48	\$7.38	\$88,706,050.93	\$480,075,334.41	18.48%		\$1,042,187.82
Averages (2011-2023)		5,501	36	0.65%	\$487,185.96	\$7.86	\$6,823,542.38	\$36,928,871.88	18.48%		

On Average 0.65% of the Covered Lives Account for 18.48% of Paid Claims

Catastrophic Claims Self-Insurance Pool Activity

Greater Tompkins County Municipal Health Insurance Consortium

Catastrophic Claims Self-Insurance Pool Activity Report

		Actual	Actual	Actual	6/30/2023
		2020 Fiscal Year	2021 Fiscal Year	2022 Fiscal Year	2023 Fiscal Year
Budgeted Premium	\$600,000 Deductible	\$762,506.00	\$706,791.00	\$723,382.00	\$800,904.00
Actual Premium Paid	\$1,000,000 Deductible	\$264,391.00	\$272,341.00	\$295,916.60	\$161,157.25
Premium Savings		\$498,115.00	\$434,450.00	\$427,465.40	\$639,746.75
Member # 000001179452	Deductible (Laser Applied)	\$1,000,000.00	\$1,000,000.00	\$700,000.00	\$700,000.00
	Actual Claims Paid	\$798,499.59	\$712,297.59	\$702,073.85	\$241,198.73
	Prior Year Lag Claims	\$0.00	\$0.00	\$0.00	\$121,885.00
	Catastrophic Claims Pool	\$0.00	\$0.00	\$2,073.85	\$0.00
Member # 000014335319	Deductible	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
	Actual Claims Paid	\$0.00	\$686,798.19	\$0.00	\$0.00
	Prior Year Lag Claims	\$0.00	\$0.00	\$419.30	\$0.00
	Catastrophic Claims Pool	\$0.00	\$187,217.49	\$0.00	\$0.00
Member # 000014235037	Deductible	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
	Actual Claims Paid		\$633,727.34	\$629,589.83	\$355,829.26
	Prior Year Lag Claims	\$0.00	\$0.00	\$42.02	\$16.36
	Catastrophic Claims Pool	\$0.00	\$133,769.36	\$129,589.83	\$0.00
Member # 00000346623	Deductible	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00
	Actual Claims Paid	\$0.00	\$387,223.45	\$604,696.17	\$341,516.63
	Prior Year Lag Claims	\$0.00	\$0.00	\$0.00	\$4.49
	Catastrophic Claims Pool	\$0.00	\$0.00	\$104,696.17	\$0.00
Catastrophic Claims Self-Insurance Pool Claims		\$0.00	\$805,827.97	\$236,359.85	\$0.00
Net Impact on Fund Balance		\$498,115.00	-\$371,377.97	\$191,105.55	\$639,746.75
Interest Earnings on Reserve		\$34,105.00	\$0.00	\$27,149.63	\$39,183.19
Net Gain / Loss on Investments		\$0.00	-\$19,009.15	-\$51,348.68	12/31/23 Adj
Total Savings to Consortium					\$987,669.32

The “Catastrophic Claims Self-Insurance Pool” was established by the Consortium’s Board of Directors prior to the start of the 2020 Fiscal Year to allow the Consortium to lower the cost of stop-loss insurance by raising the specific deductible and ultimately assuming more risk on an annual basis. To cover this risk, the Catastrophic Claims Reserve totaling \$4.5 million was converted to this “Pool”. In addition, each year the estimated premium variance between a \$600,000 specific deductible stop-loss insurance plan and a \$1 million specific deductible stop-loss insurance plan will be ceded into the “Pool”. Lastly, any interest earned on this “Pool” will be credited to the “Pool” to help replenish funds when/if catastrophic claims are paid out of the “Pool”.

Catastrophic Claims Self-Insurance Pool Activity

Catastrophic Claims Self-Insurance Pool	2020 Fiscal Year	2021 Fiscal Year	2022 Fiscal Year	2023 Fiscal Year
Beginning Balance	\$ 4,500,000.00	\$ 5,032,220.00	\$ 4,641,832.88	\$ 4,808,739.38
Add: Premium Savings	\$ 498,115.00	\$ 434,450.00	\$ 427,465.40	\$ 639,746.75
Add: Interest Income	\$ 34,105.00	\$ -	\$ 27,149.63	\$ 39,183.19
Gain / (Loss) on Investments	\$ -	\$ (19,009.15)	\$ (51,348.68)	\$ -
Less: (Catastrophic Claims)	\$ -	\$ (805,827.97)	\$ (236,359.85)	\$ -
Ending Balance	\$ 5,032,220.00	\$ 4,641,832.88	\$ 4,808,739.38	\$ 5,487,669.32

2021 Fiscal Year - Interest Earnings and Losses on Investments are Blended Together

As of June 30, 2023, the Consortium has lowered its specific stop-loss insurance premium by approximately \$1,999,777.15 and it has incurred large loss claims between \$500 thousand and \$1 million totaling \$1,042,187.82. As of June 30th, the net gain on this pool, excluding 2023 investments, is \$957,589.33. This amount will be reduced each month by any chargeable loss as well as each monthly stop-loss premium made by the Consortium. It is important to remember that this figure does not take into consideration that the pool is also picking up an extra \$100,000 in risk per member annually. (Note: On Slide 28, two claimants that are no longer active and are not shown on the chart, accounted for \$484,841.12 of the \$805,827.97 in claims for 2021)



Section 5

2023 Fiscal Year
Net Income, Liabilities, and Reserves

2023 Net Income, Liabilities & Reserves as of 7/31/2023

	2023 Adopted Budget	2023 Amended Budget	2023 Year-to-Date Budget	2023 Actual Results	Variance	% Difference
Total Income	\$61,759,919.48	\$65,459,184.32	\$37,942,857.52	\$37,662,870.59	-\$279,986.93	-0.74%
Total Expenses	\$62,771,172.60	\$66,854,484.02	\$38,668,689.61	\$39,592,973.03	\$924,283.42	2.39%
Net Income	-\$1,011,253.12	-\$1,395,299.70	-\$725,832.09	-\$1,930,102.44	-\$1,204,270.35	
9005	Gain on Investments	\$0.00	\$0.00	\$0.00	\$389,442.24	\$389,442.24
9005	Loss on Investments	\$0.00	\$0.00	\$0.00	\$8,396.68	\$8,396.68
Adjusted Net Income	-\$1,011,253.12	-\$1,395,299.70	-\$725,832.09	-\$1,549,056.88	-\$823,224.79	
Ending Balance	\$27,604,250.55	\$28,227,508.93	\$28,896,976.54	\$28,073,751.75	-\$823,224.79	-2.85%
Liabilities and Reserves						
4010	IBNR Claims Liability Per §4706(a)(1)	\$7,038,728.60	\$7,038,728.60	\$6,672,663.00	\$6,672,663.00	12.0% of Incurred Claims
5010	Surplus Account Per §4706(a)(5)	\$2,920,495.97	\$2,920,495.97	\$2,729,554.76	\$2,729,554.76	5.0% of Premium Income
5014	Rate Stabilization Reserve	\$4,399,205.37	\$4,399,205.37	\$3,892,443.28	\$3,892,443.28	7.5% of Paid Claims
5012	Catastrophic Claims Reserve	\$4,598,144.86	\$4,598,144.86	\$4,808,739.38	\$4,808,739.38	Calculation Per Resolution
3500	Excellus BCBS Advance Deposit	\$788,300.00	\$788,300.00	\$928,000.00	\$928,000.00	Increased by \$139,700 2/2023
Total Liabilities and Reserves	\$19,744,874.80	\$19,744,874.80	\$19,031,400.42	\$19,031,400.42		
Unencumbered Fund Balance	\$7,859,375.75	\$8,482,634.13	\$9,865,576.12	\$9,042,351.33		
				14.56%	As a % of Expected Premium Income	

The net cash assets (unencumbered fund balance) as of July 31, 2023 equals 14.56% of premium revenues. This includes full funding of the Rate Stabilization Reserve at 7.5% of Expected Paid Claims and adjusting the Catastrophic Claims Reserve to \$4.81 million.

Liabilities and Reserves - Defined

LIABILITIES

- The liabilities associated with the Consortium's operations are directly related to covered medical benefits that are incurred by Consortium Members which have yet to be received or paid by the insurance company or plan administrator. For example, if the Consortium were to end its operations on any given December 31st there are going to be covered medical services received by covered members on or before December 31st which will not be paid until sometime after December 31st. This is commonly referred to in the industry as an Incurred but Not Reported (IBNR) and Incurred but Not Paid (IBNP) Claims Liabilities.
- In recent years with the increases in technology associated with the billing and payment of medical benefit claims and with the increase in the volume of prescription drug claims which are inherently electronic in nature, the overall value of this liability has decreased as a percentage of expected/paid claims. In fact, twenty years ago, this liability equaled approximately the value of three (3) months (24%) of annual expected/paid claims. Today, this value is closer to one (1) month (8%) of expected incurred claims and the New York State Department of Financial Services has set this liability for the 2023 Fiscal Year to equal 12.00% of the expected incurred claims estimate for the year.

Liabilities and Reserves - Defined

RESERVES

- The reserves held by the Consortium are the cash assets which have been assigned to cover a direct liability or to assist the Consortium with cash flow and provide protection during times when paid claim projections are exceeded. These cash assets have also been a source of revenue through the interest earned to the Consortium which has allowed the Consortium to hold premium increases down in previous years.
- The Consortium has historically maintained the following reserves:
 - Incurred But Not Report (IBNR) Claims Liability Reserve (statutory reserve)
 - Surplus Account (statutory reserve)
 - Catastrophic Claims Reserve (discretionary reserve)
 - Rate Stabilization Reserve (discretionary reserve)
- Please refer to the following slides for a detailed description of each reserve classification.

Liabilities and Reserves - Defined

INCURRED BUT NOT REPORTED (IBNR) CLAIMS LIABILITY RESERVE

- The IBNR Claims Reserve is required for the Consortium to be compliant with §4706(a)(1) of the New York State Insurance Law. The New York State Department of Financial Services requires this reserve to be funded at an amount equal to 12.0% of expected incurred claims. We believe this is a conservative estimate of the liability, but we understand the Department has always acted based on their philosophy to maintain this level of reserve as they want the Consortium Member Claims to be fully-funded at all times.
- Maintaining this reserve at an insufficient amount to cover the liability could result in a Municipal Corporation owing a significant amount of money if they chose to leave the Consortium. A Municipal Corporation's decision to leave or stay in the Consortium should not be affected by the Consortium's lack of adequate reserves and this is a philosophy we feel the Consortium should embrace, even during tougher economic times.
- The 2023 Fiscal Year budget forecasted this reserve to equal \$7,038,728.60 (12.0% of projected hospital, medical, surgical, and prescription drug incurred claims). It should be noted that Excellus BlueCross BlueShield does provide an estimate of this liability in their annual renewal documents. For the 2023 Fiscal Year, Excellus' estimate of this liability was \$5,138,400 which is approximately 8.7% of the expected claims cost for the year.

Liabilities and Reserves - Defined

SURPLUS ACCOUNT

- The Consortium is required to fund the Surplus Account at an amount equal to 5.0% of expected premium income for the year. By funding this reserve at this level, the Consortium is operating in compliance with §4706(a)(5)(A) of the New York State Insurance Law.
- Article 47 of the New York State Insurance Law describes this reserve as being established and maintained for the sole purpose of satisfying unexpected obligations of the Municipal Cooperative Health Benefits Plan. Article 47 further states that this reserve is for the purpose of satisfying unexpected obligations of the Plan in the event of termination or abandonment.
- The 2023 Fiscal Year budget forecasted this reserve to equal \$2,920,495.97 (5.0% of projected premium income of \$58,409,919.48). In years where the Consortium approves premium holidays, the Consortium would calculate the Surplus Account reserve requirement based on the full expected premium, versus the artificially reduced premium collected.

Liabilities and Reserves - Defined

CATASTROPHIC CLAIMS RESERVE

- This reserve was established by the Consortium's Board of Directors to protect the financial integrity of the Consortium as the Board made the decision to increase the deductible associated with the Specific Stop-Loss Policy to reduce expenses. It was agreed that the Consortium's risk pool is so substantial in size that it can absorb a significant number of large losses without damaging the financial integrity of the Consortium.
- It was our professional opinion and the opinion of the Board of Directors that there was an acceptable reward versus risk ratio between the reduction of this significant expense, the exposure of large losses, and the cash asset position of the Consortium. This conclusion led the Board of Directors to increase the Specific Stop-Loss Insurance Deductible to \$1,000,000 for the 2020 policy year. It was recognized that this decision created a sizeable increase in the exposure to the Plan. To mitigate this exposure, the Board of Directors made the approved a resolution to document the funding method of this reserve fund. Based on that resolution, the Catastrophic Claims Reserve Fund was at \$4,808,739.38 as of December 31, 2022.

Liabilities and Reserves - Defined

RATE STABILIZATION RESERVE

- When the Consortium's cash assets were at a sufficient level, the Board of Directors made the decision to establish the Rate Stabilization Reserve at an amount equal to 7.5% of the expected hospital, medical, surgical, and prescription drug claim payments for the year.
- It is our goal to work with the Consortium to ensure future fiscal year budgets are developed with this reserve being maintained.
- These funds would be used to “bridge the gap” during an associated hyper-inflationary period relative to paid claims allowing the Board of Directors to establish a multiple year plan to adjust revenue (premiums) and prevent a significant increase in premium rates during a single fiscal period.



Section 6

2023 Fiscal Year-to-Date Summary & Observations

2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

2023 Fiscal Year-to-Date Summary & Observations

1. The overall revenue of the Consortium is a slightly below budget as of July 31, 2023. We believe that as the enhanced pharmaceutical manufacturer rebates and interest earnings, especially when longer term investments mature, will help the Consortium to stay close to its targeted budget revenue number.
2. The combined **Medical and Rx Paid Claims were 4.13% over budget**, largely impacted by the Rx Paid Claims, through the first 7-months of the 2023 Fiscal Year. We are keeping a close eye on the paid claims and how they evolve during the “new normal” post COVID-19 pandemic. Historically, the claims paid during the latter part of the Calendar Year tend to be a bit higher as annual deductibles and out-of-pocket maximums are met in the early months.

2023 Fiscal Year-to-Date Summary & Observations

3. Overall, the Greater Tompkins County Municipal Health Insurance Consortium is performing slightly below the projected budget through the first 7-months of the 2023 Fiscal Year. With seven months “in the books”, we will need to monitor the uptick in claims closely, especially as we finalize the 2024 budget. In the end, we are hopeful that long term financial planning will allow the Consortium to maintain modest premium increases for the next several fiscal years and/or provide premium relief to the Participating Municipalities.
4. Lastly, we want to point out that the fiscal results experienced by the Consortium as of July 31, 2023, support the Board of Director’s decision to increase premium rates by 6.5% for the 2023 Fiscal Year. Based on the current claim activity, this appears to be a prudent decision. With careful planning and monitoring, especially when experiencing growth of membership, the focus will be on providing stability in future budgets and premium increases, which may allow for some premium relief to assist the Participating Municipalities during potential difficult financial times as COVID-19 relief monies dry up.



Greater Tompkins County Municipal Health Insurance Consortium

125 East Court Street • Ithaca, New York 14850 • (607)274-5590
 www.healthconsortium.net • consortium@tompkins-co.org

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

RESOLUTION NO. XXX-2023 – APPROVAL OF ADJUSTMENTS TO THE SILVER HIGH DEDUCTIBLE HEALTH PLAN

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (“GTCMHIC”) Board of Directors by their approval of Resolution No. 014-2015 adopted the “GTCMHIC Standard Silver Plan”, now known as the GTCMHIC Silver High Deductible Health Plan (“HDHP”) for inclusion in the GTCMHIC’s available benefit plan menu with an effective date of January 1, 2016, and

WHEREAS, the GTCMHIC in accordance with GTCMHIC Resolution No. 014-2015 annually reviews the actuarial value for its Silver HDHP to ensure it falls within its established range as set by the Centers for Medicare and Medicaid Services (“CMS”) of 70% +2% / -2%, subject to traditional mathematical rounding, and

WHEREAS, adjustments to the Silver HDHP have previously occurred in accordance with GTCMHIC Resolutions: 015-2016, 005-2018, 013-2020, 012-2020, and 029-2022, and

WHEREAS, upon entering data into the CMS actuarial value calculator for 2024 it has been determined that adjustments need to be made to the GTCMHIC Silver HDHP to get its actuarial value within its approved range, now therefore be it

RESOLVED, on recommendation of the Executive Committee and the Joint Committee on Plan Structure and Design, effective January 1, 2024, the following benefit plan adjustments will be made to the GTCMHIC’s Silver HDHP:

Silver HDHP	From In-Network	To In-Network	From Out-of-Network	To Out-of-Network
Deductible Single/Family	\$2,750/\$5,000	\$3,000 / \$6,000	\$4,125/\$8,250	\$4,500/\$9,000
Out-of-Pocket Single/Family	\$7,000/\$14,000	\$7,500 / \$15,000	\$10,500/\$21,000	\$11,250/\$22,500
Coinsurance Amount	80%	80%	50%	60%
Actuarial Value	72.68%	71.57%	72.68%	71.57%



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RESOLUTION NO. XXX-2023 – APPROVAL OF ADJUSTMENTS TO THE GOLD HIGH DEDUCTIBLE HEALTH PLAN

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (“GTCMHIC”) Board of Directors by their approval of Resolution No. 014-2015 adopted the “GTCMHIC Standard Gold Plan”, now known as the GTCMHIC Gold High Deductible Health Plan (“HDHP”) for inclusion in the GTCMHIC’s available benefit plan menu with an effective date of January 1, 2016, and

WHEREAS, the GTCMHIC in accordance with GTCMHIC Resolution No. 014-2015 annually reviews the actuarial value for its Gold HDHP to ensure it falls within its established range as set by the Centers for Medicare and Medicaid Services (“CMS”) of 80% +2% / -2%, subject to traditional mathematical rounding, and

WHEREAS, adjustments to the Gold HDHP have previously occurred in accordance with GTCMHIC Resolutions 015-2016, 017-2017, 025-2018, 013-2020, and 012-2020, and

WHEREAS, upon entering data into the CMS actuarial value calculator for 2024 it has been determined that adjustments need to be made to the GTCMHIC Gold HDHP to get its actuarial value within its approved range, now therefore be it

RESOLVED, on recommendation of the Executive Committee and the Joint Committee on Plan Structure and Design, effective January 1, 2024, the following benefit plan adjustments will be made to the GTCMHIC’s Gold HDHP:

Gold HDHP	From In-Network	To In-Network	From Out-of-Network	To Out-of-Network
Deductible Single/Family	\$1,500/\$3,000	\$1,800 / \$3,600	\$2,250/\$4,500	\$2,700 / \$5,400
Out-of-Pocket Single/Family	\$3,500/\$7,000	\$3,600 / \$7,200	\$5,250/\$10,500	\$5,400 / \$10,800
Coinsurance Amount	80%	80%	60%	60%
Actuarial Value	82.55%	81.38%	82.55%	81.38%

	GTCMHIC Aetna Medicare (P01) ESA PPO Medicare Advantage with Part D Coverage		GTCMHIC Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		GTCMHIC Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Plan Overview						
Plan Name	Medicare (P01) ESA PPO Plan		Medicare (S02) ESA PPO Plan		Medicare (C04) ESA PPO Plan	
Plan Highlights	Medicare Advantage Plan		Medicare Advantage Plan		Medicare Advantage Plan	
Plan Type	MAPD		MAPD		MAPD	
HSA Eligible	No		No		No	
Quote Effective	01/01/2024- 12/31/2024		01/01/2024- 12/31/2024		01/01/2024- 12/31/2024	
Rate (\$)						
Single	\$288.88		\$219.61		\$301.91	
Plan Features						
Out-of-Network Benefits	Same as In-Network Benefits		Same as In-Network Benefits		Same as In-Network Benefits	
Out-of-Area Benefits	Same as In-Network Benefits		Same as In-Network Benefits		Same as In-Network Benefits	
Wellness Incentives	Silver Sneakers		Silver Sneakers		Silver Sneakers	
Plan Cost-Sharing Highlights						
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit	\$10 Copay	\$10 Copay	\$15 Copay	\$15 Copay	\$0	\$0
Specialist Office Visit	\$10 Copay	\$10 Copay	\$25 Copay	\$25 Copay	\$0	\$0
Coinsurance	20%	20%	20%	20%		
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Medical Out-of-Pocket Maximum (does not include hearing aids, vision, or	\$800 Individual	\$800 Individual	\$1,750 Individual	\$1,750 Individual	\$0	\$0
Plan Benefits						
OTC Monthly Allowance	Not Applicable		Additional Cost Option		Additional Cost Option	
Dental Benefits	Not Applicable		None		None	
Meals (covered up to 14 meals following an inpatient stay)	\$0 Copay		\$0 Copay		\$0 Copay	
In Network match Out of Network Benefits	Yes		Yes		Yes	
Fitness Benefit	Silver Sneakers		Silver Sneakers		Silver Sneakers	
Healthy Lifestyle Coaching One phone call per week	Applicable		Applicable		Applicable	
Resources For Living For help locating resources for	Applicable		Applicable		Applicable	
Hospital Benefits	Unlimited Days	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$0 Copay
Observation Stay	Cost Based on Services Received		Cost Based on Services Received		Cost Based on Services Received	
Skilled Nursing Facility	\$0 Copay Days 1-100 Limit 100 Days per Medicare Benefit Period		\$0 Copay Days 1-100 Limit 100 Days per Medicare Benefit Period		\$0 Copay Days 1-100 Limit 100 Days per Medicare Benefit Period	
Surgical Centers and Free Standing Ambulatory	\$10 Copay		\$10 Copay		\$0 Copay	
X-Rays and Advanced Imaging	\$10 Copay		\$10 Copay		\$0 Copay	
Diagnostic Laboratory and Pathology	\$10 Copay		\$10 Copay		\$0 Copay	
Radiation Therapy	\$10 Copay		\$10 Copay		\$0 Copay	
Mental Health Care	\$10 Copay		\$10 Copay		\$0 Copay	
Substance Use Care	\$10 Copay		\$10 Copay		\$0 Copay	
Telehealth (services with Teledoc)	\$0 Copay		\$0 Copay		\$0 Copay	
Telehealth (services such as PCP, Specialist or Urgent Care. Copays match in person copays)	\$10 Copay		\$10 Copay		\$0 Copay	
Dialysis Treatments	\$10 Copay		\$10 Copay		\$0 Copay	
Hearing Evaluation Routine	\$0 Copay		\$0 Copay		\$0 Copay	
Hearing Aid Reimbursement	\$3,500 once every 3 years		\$3,500 once every 3 years		\$3,500 once every 3 years	
Medicare Covered Dental (non-routine care covered by Medicare)	\$10 Copay		\$10 Copay		\$0 Copay	

		GTCMHIC Aetna Medicare (P01) ESA PPO Medicare Advantage with Part D Coverage		GTCMHIC Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		GTCMHIC Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Rehab and Habilitation Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation		\$10 Copay	\$10 Copay	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Occupational Rehabilitation		\$10 Copay	\$10 Copay	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Speech Rehabilitation		\$10 Copay	\$10 Copay	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Other Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME)/ Supplies		20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	\$0 Copay	\$0 Copay
Diabetic Supplies		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Chiropractic Care		\$10 Copay	\$10 Copay	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Acupuncture		\$10 Copay	\$10 Copay	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Emergency Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Care - Facility	waived if admitted to hospital	\$10 Copay	\$10 Copay	\$120 Copay	\$120 Copay	\$0 Copay	\$0 Copay
Ambulance - Pre-Hospital Emergency Services Transportation (Ground)		\$10 Copay	\$10 Copay	\$150 Copay	\$150 Copay	\$0 Copay	\$0 Copay
Transportation (non-emergency)		24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip
Urgent Care Center - Facility		\$10 Copay	\$10 Copay	\$40 Copay	\$40 Copay	\$0 Copay	\$0 Copay
Vision Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Routine Vision Exam (Annual)		\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Diabetic Eye Exam		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Adult Eyewear		\$100 Allowance		\$100 Allowance		\$100 Allowance	
Pharmaceutical Coverage		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Standard Retail Pharmacy (30-day supply)		Tier 1: \$5	Only will cover if for emergency use	Tier 1: \$5	Only will cover if for emergency use	Tier 1: \$10	Only will cover if for emergency use
		Tier 2: \$15		Tier 2: \$35		Tier 2: \$25	
		Tier 3: \$30		Tier 3: \$70		Tier 3: \$40	
Preferred Retail Pharmacy (30-day supply)		Tier 1: \$4		Tier 1: \$4		Tier 1: \$9	
		Tier 2: \$15		Tier 2: \$35		Tier 2: \$25	
		Tier 3: \$30		Tier 3: \$70		Tier 3: \$40	
Standard Retail or Mail- Order Pharmacy (90-day supply)		Tier 1: \$5		Tier 1: \$5		Tier 1: \$30	
		Tier 2: \$15		Tier 2: \$105		Tier 2: \$75	
		Tier 3: \$30		Tier 3: \$210		Tier 3: \$120	
Preferred Mail-Order Pharmacy (limited to a 90-day supply)		Tier 1: \$4		Tier 1: \$8		Tier 1: \$18	
		Tier 2: \$15		Tier 2: \$70		Tier 2: \$50	
		Tier 3: \$30		Tier 3: \$140		Tier 3: \$80	
Gap Coverage	Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap		
Catastrophic Coverage (Starts once \$7,400 in true out-of-pocket costs are met)	5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less		
RX Annual Maximum Out of Pocket	None		None		None		
Formulary Type	Classic		Comprehensive Plus		Comprehensive Plus		
Part B Prescription Drugs	\$15 Copay		\$0 Copay		\$0 Copay		
Pharmacy Network	www.aetnaretireplans.com		www.aetnaretireplans.com		www.aetnaretireplans.com		
Prior Authorization	Applicable		Applicable		Applicable		
Step Therapy	Not Applicable		Applicable		Applicable		
Quantity Limits	Applicable		Applicable		Applicable		



Greater Tompkins County Municipal Health Insurance Consortium

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

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RESOLUTION NO. XXX-2023 – CREATION OF 2024 COMMITTEE STRUCTURE AND APPOINTMENTS OF MEMBERS

WHEREAS, the Board of Directors at its Annual Meeting established a Committee structure and appointed members to the Consortium's standing committees, and

RESOLVED, upon recommendation of the Consortium's Nominations and Engagement Committee, That the Executive Committee, on behalf of the Board of Directors, hereby appointments the following committee structure and membership to 2024 committees effective January 1, 2024:

EXECUTIVE COMMITTEE:

To be elected at annual meeting along with Chairs of standing committees

MEMBERSHIP: Seats to be filled by Directors; 11-15 Members; one-year terms

MEETINGS (subject to change): Bimonthly beginning in January on 3rd Wednesday

- | | |
|---|--|
| 1. Board Chair, Chair (Hart) | 7. Operations Chair (Granger) |
| 2. Board Vice Chair, (Holmes) | 8. Nominations and Engagement Chair (Mutcher) |
| 3. Chief Financial Officer, New Hire | 9. Claims and Appeals Chair (Shattuck) |
| 4. Secretary (Salton) | 10. At-large (Snow) |
| 5. JCPSD Chair (DeVoe) | 11. At-large (Vacant) |
| 6. AFC Chair/At-large (Ray Bunce) | 12. At-large (Steve) |
| | 13. Past Chair (Drake) |

STANDING COMMITTEES:

Audit Committee

CHARGE: The Audit Committee shall be responsible to review audit filings, audit policies and procedures to be sure in compliance with Article 47 and the Certificate of Authority; establish a list of all reports due to the Board and regulators and the process and timeline to insure accurate and timely reporting.

MEMBERSHIP: Seats may be filled by Directors; 3 members-5 members; two-year staggered terms MEETINGS (subject to change): Monthly; 4th Tuesday

Terms Expiring 12/31/25

1. **Judith Drake (Chair)**
2. **Mark Emerson**
3. **Tanya DeGennaro**
4. **Chad Hayden**
5. **Mary Bouchard**

Finance Committee

CHARGE: The Finance Committee shall be responsible to recommend a budget, recommend premium rates, review Jurat reports, recommend reinsurance and retention policies, and appropriate reserve levels in compliance with a municipal health care organization and any necessary policy and procedures relative to being fiscally prudent stewards of the organizations funds and assets.

MEMBERSHIP: Seats may be filled by non-Directors; 9 members; two-year staggered terms

MEETINGS (subject to change): Monthly; 4th Tuesday

Terms Expiring 12/31/24

1. Scott Steve
2. Eric Snow
3. Bud Shattuck
4. Peter Salton
5. Kate DeVoe (Labor)

Terms Expiring 12/31/25

6. Judith Drake (Chair)
7. Kerry Manion
8. Vacant
9. Rordan Hart (Vice Chair)

Operations Committee

CHARGE: The Operations Committee is responsible for oversight of Consortium operations and charged with review and oversight of any policies impacting the overall well-being of the organization. The Operations Committee may recommend changes to improve the efficiency of the organization's practices, policies, procedures, and the organizational structure, including personnel and staffing needs.

MEMBERSHIP: Seats may be filled by non-Directors; 8 members with two-year staggered terms

MEETINGS (subject to change): Bi-monthly beginning in January; 4th Monday

Terms Expiring 12/31/24

1. Ruby Pulliam
2. Laura Grainger (Chair)
3. Schelley Michell-Nunn
4. Janine Bond
5. Judith Drake (Vice Chair)
6. Rita McCarthy
7. Brian Weinstein (Labor)

Terms Expiring 12/31/25

8. Kerrie Fusco
9. Sunday Earle
10. Mark Emerson
11. LuAnn King

Nominations and Engagement Committee

CHARGE: The Nominations and Engagement Committee will assist the Executive Committee in engaging Directors in finding meaningful ways to contribute to the organization especially through the consideration of succession and long-term planning. The Committee shall:

1. Be responsible for presenting a slate of recommended Officers, Committee Chairs, and At-Large Executive Committee members at the annual Board of Directors meeting;
2. Be responsible for presenting a slate of recommended Nomination and Engagement Committee members;
3. Recommend to the Executive Director engagement strategies with:
 - a. the work of committees;
 - b. disseminating information ahead of and at the annual meeting in an interactive model and insuring a super-majority attendance at annual meeting; and
 - c. long-term leadership succession planning.

Membership: Seats may be filled by non-Directors; 5 Members with two-year staggered terms
MEETINGS: Approximately 4x/year.

Terms Expiring 12/31/24

- 1. Gary Mutchler, **Chair (Ed Retiring)**
- 2. ~~Vacant~~
- 3. **Kate DeVoe, Labor**

Terms Expiring 12/31/25

- 4. **Judith Drake**
- 5. **Rordan Hart**

Claims and Appeals Committee

CHARGE: The Claims and Appeals Committee will hear all appeals that come to the Board of Directors for action and recommend a determination to the Board. This Committee will also monitor claims data and trends and oversee all annual third-party administrator claim audits.

Membership: Seats may be filled by non-Directors; 5 Members with two-year terms
MEETINGS: As needed (2-4x/year)

Terms expire 12/31/24

- 1. Don Fischer, Vice **Chair**
- 2. Tanya DiGennaro
- 3. Vacant (Labor)
- 4. Mike Murphy

Terms expire 12/31/25

- 4. **Bud Shattuck, Chair**
- 5. **Donna Dawson**
- 6. **Tom Brown**

* * * * *

Joint Committee on Plan Structure and Design

CHARGE: The JCPD reviews all prospective Board actions in connection with the benefit structure and design of the Plan and develops findings and recommendations with respect to such matters. Committee may also consider wellness-related initiatives.

Membership: Each Participant and each labor group shall have one voting seat each. Quorum determined by Committee; No set terms.

MEETINGS (subject to change): Bi-monthly (beginning in February)
Chair and Vice Chair – to be selected by the membership of the JCPD as outlined in the Committee’s Bylaws.

* * * * *



**COBRA
Administrative Services**

Proposal created for:

**Greater Tompkins County
Municipal Health Insurance
Consortium**

Presented By: Dan Burkey

333 Butternut Drive / Syracuse, NY 13214

[LifetimeBenefitSolutions.com](https://www.LifetimeBenefitSolutions.com)

Effective Date: January 1, 2024

Who We Are

Flexible. Creative. Affordable. That's Lifetime Benefit Solutions.

Developing the right benefit plan isn't just about number crunching; it's also about people. It's about focusing on individuals and creating a plan around them. For over 40 years, we have been providing quality products and services nationwide.



A Snapshot of Our Current Offerings

We offer a growing suite of benefit plans and services you can use to enhance your existing health plan. Mix them. Match them. Use as many or as few as you need. Each is built with flexibility in mind, designed to save money by working together or independently.



Reimbursement Accounts

We offer Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA), Health Savings Accounts (HSA), and Parking and Transportation Reimbursement Accounts.



COBRA Administration

We know it can be difficult to manage the many COBRA regulations. Compliance is critical. Lifetime Benefit Solutions will handle your COBRA administration quickly and accurately.



Retirement Services

Our 401(k) administrators assist organizations in every step, from initial plan design to implementation.



Compliance Services

We're here to help your business remain in compliance. When you partner with us, we prepare your summary plan descriptions, plan documents, amendments, and more.



Premium Billing

Our system is designed to assist with the collection of necessary premiums along with a complete reporting module. We help you save time and keep administrative costs low.



Employee Support

A supplemental fund debit card option that groups can offer their employees who are unable to work or working fewer hours to help cover necessary living expenses, or those employees who have transitioned to working from home to offset the costs of outfitting a home office.



COBRA Administration



At Lifetime Benefit Solutions, clients get everything they need. Nothing more. And never anything less. And that includes simplifying COBRA administration.

We know it can be difficult to manage the many, sometimes complicated COBRA regulations. Compliance is critical. Lifetime Benefit Solutions will handle your COBRA administration quickly and accurately. We are an experienced, knowledgeable partner, offering this service since 1986. Our notification services are organized to simplify COBRA administration. We are industry leaders in client support with a superior client website and valuable mobile app.

What is COBRA?

The federal law known as COBRA (Consolidated Omnibus Budget Reconciliation Act) requires most employers to offer continuing health coverage to qualified beneficiaries who lose coverage due to a qualifying event.

The single most common reason for COBRA lawsuits over the last 20 years was allegations of “improper notice.” Without proof of compliance, a company could be liable for:

- IRS excise tax
- Damages
- Ex-employee claims
- Department of Labor lawsuits
- ERISA fines
- Attorney fees

Duration of COBRA

18
MONTHS

18 Months for the Covered Employee, Spouse and Dependents for the Qualifying Events of:

- Covered employee’s termination of employment or reduction in hours

36
MONTHS

36 Months for the Covered Spouse and/or any Dependents for the Qualifying Events of:

- Covered employee’s death or entitlement to Medicare
- Covered spouse’s divorce or legal separation from a covered employee
- Dependent’s loss of eligibility for coverage under the health plan
- Extension of 18-month qualifying event



Are you in Compliance?

Before you can administer your own COBRA, you must understand the contents of the law. It has numerous timeframes that need to be consistently monitored and reviewed for compliance. LBS can assist you with meeting your obligations as an employer under COBRA.

Navigating COBRA Compliance

Administratively, your COBRA responsibilities begin with an initial COBRA notification to covered employees and dependents and continue with activities such as:

- Qualifying event-related COBRA notification and/or extensions
- Ongoing billing for correct COBRA eligibility period
- Collection and premium payment
- Tracking COBRA completion dates

Without proof of compliance, you could be liable for fines up to \$110 per employee per day for failure to provide the initial COBRA notice and IRS excise taxes up to \$200 per family per day. In addition, legal fees and retroactive claim payments can be added to your expenses.

Our COBRA Services by the Numbers

- Dependable service from knowledgeable COBRA certified specialists with 30 years of experience.
- Speedy processing- strive to process 90% of COBRA notifications within five business days of receipt. 100% are completed within the 14-day requirement for processing.
- All payments are processed on the day that they are received- one business day
- All client requests of inquiries are processed within three business days
- Real-time reporting available 24 hours a day via client web portal access

Reporting

Lifetime Benefit Solutions offers a variety of reports on specific data, including on-demand web-based reporting.

Financial Reporting



- Bi-weekly disbursements
- Payment posting logs
- Billing history
- Partial payments
- Payment detail

Administrative Reporting



- Notified members
- Enrolled members
- Census reports
- Coverage reports
- Premium detail
- Division reports
- Terminated members

Streamlining rate renewal with our online portal

We've replaced a time-consuming paper-based process with a simpler, faster online experience.

- Make rate changes to existing plans
- Add or terminate new plans or carriers
- Change coverage levels
- Get reminders 60, 45, and 30 days before renewal
- Grant access to your broker for help managing the process



COBRA and Premium Billing Mobile App

At Lifetime Benefit Solutions (LBS), we know how important it is for our members to stay connected to their benefits. We're providing the tools and resources to ensure they stay in control of their accounts and have the access they need, when they need it.

Making It Easy for Members to Manage Their Accounts

Our COBRA and Premium Billing members can use our new LBS COBRA & Premium Billing mobile app to manage their accounts 24/7. With the LBS COBRA & Premium Billing mobile app, members can:

- Get visibility on payments made to their plan
- View notifications and receive messages from their administrator to stay up-to-date
- Click to call or email customer service
- Schedule future and recurring payments without any hassle or fees
- Make one-time payments* when most convenient for them
- Use their bank account or credit card
- Pick and choose the plan(s) that best suit(s) them
- Avoid the hassle of paper by utilizing the latest in secure mobile payment technology
- View what they elected to better understand their coverage level, and make changes if needed

Apps Available for a Variety of Devices

This valuable member tool is free to download for iOS and Android devices - members will simply search "LBS COBRA & Premium Billing" in the App Store or Google Play.



Helpful Member Resources to Get Started

Along with this new, useful tool, we've also made helpful resources available for our members to get started with the app. LBS has created an overview video which introduces the app and guides members through the various features and capabilities it has to offer. Members can access the video through our website, LifetimeBenefitSolutions.com:

- Click on the Member dropdown
- Select COBRA

*Service fees may apply.



Employee Assistance Program

More Benefits, Better Results than any other EAP.



TotalCare
EAP A division of ESI

EAP Proposal

PREPARED FOR:

Greater Tompkins County Municipal
Health Insurance Consortium
Elin Dowd
Executive Director

PREPARED BY:

Douglas Peterson
Vice President of Client Services
(800)-535-4841 ext.608
dougpeterson@theeap.com

April 28, 2023



ESI EAP Pricing

250 employees	\$23.40	Per employee per year
500 employees	\$21.94	Per employee per year
1000 employees	\$19.03	Per employee per year
1500 employees	\$18.61	Per employee per year
2000 employees	\$18.19	Per employee per year
2500 employees	\$18.10	Per employee per year
3000 employees	\$18.01	Per employee per year
3411 employees	\$17.91	Per employee per year

Included in Price (This quote is good for 60 days):

- **Employee Benefits and Services Summary**

- ✓ **Counseling Benefits**

- Face-to-Face Sessions per issue per year: Up to 3
 - Unlimited Telephonic Counseling ▪ Family Members Covered ▪ Master's & Ph.D. Level Licensed Counselors

- ✓ **Work-Life Benefits**

- Legal ▪ Financial ▪ Caregiver Benefits ▪ Adoption Benefits ▪ Children with Disabilities
 - Personal Assistant ▪ Self-Help Resources ▪ Tools for Tough Times ▪ Pet Information

- ✓ **ESI Employee & Learning Development**

- Personal & Professional Online Trainings ▪ Personal Finance & Education Center
 - GCN Compliance Training (GCN is optional)

- ✓ **Wellness Resource Center & Lifestyle Savings Benefit**

- **Peak Performance Coaching Benefits and Services – Topics Include:**

- Certified Financial ▪ Balancing Life at Work and Home ▪ Resilience ▪ Effective Communication
 - Certified Student Debt ▪ Home Purchase ▪ Relaxation for Beginners ▪ Workplace Conflict
 - Practical Aspects of Retirement ▪ Succeeding as a Supervisor

- **Administration Services**

- EAP Member & Supervisor Orientation ▪ EAP Ongoing Communication
 - Automated Digital Communication (ADC) ▪ EAP Mobile App

- **Manager, Supervisor and HR Services**

- Human Resource Consultations w/SPHR's ▪ Administrative Referral
 - Supervisor Resource Center ▪ Drug-Free Workplace ▪ HR Web Café

- **Trauma Response:** 1 free per year (\$250 per hour thereafter)

- **Wellness Coaching Included**

- **ESI Accountability: Confidentiality, Activity Reports, Quality Assurance Program**

DOT/SAP charges: \$850 per case

COBRA Administration Services

<input type="checkbox"/> COBRA Administration	\$0.58 Per Enrolled Per Month (\$55.00 Monthly Minimum)
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Flexible Spending Account Administration Services

FSA Administration	\$3.00 Per Enrolled FSA Participant Per Month* (\$75 Monthly Minimum)
Account Type Options <input type="checkbox"/> Health Care Account <input type="checkbox"/> Dependent Care Account <input type="checkbox"/> Transportation Spending Account <input type="checkbox"/> Limited Purpose FSA	
*Pricing includes multiple product offerings (i.e. FSA/HRA)	

Health Reimbursement Account Administration Services

HRA Administration	\$3.00 Per Enrolled HRA Participant Per Month* (\$75 Monthly Minimum)
Account Type Options <input type="checkbox"/> Health Reimbursement Account <input type="checkbox"/> Limited Purpose HRA	
*Pricing includes multiple product offerings (i.e. FSA/HRA)	

Health Savings Account Administration Services

<input type="checkbox"/> Health Savings Account	\$1.25 Per Enrolled HSA Participant Per Month
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Retiree and/or Active Premium Billing Administration Services

<input type="checkbox"/> Retiree and/or Active Premium Billing	\$2.75 Per Billed Retiree/Active Per Month (Monthly minimum of \$50 for retiree premium billing Monthly minimum of \$75 for active premium billing)
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Compliance Services

<input type="checkbox"/> POP, HRA or FSA Summary Plan Description (SPD)	\$300 per document
<input type="checkbox"/> Non-Discrimination Testing (Section 125 and 105(h))	\$275 annually
<input type="checkbox"/> Annual Compliance Bundle (documents and testing)	\$325 annually

Value Added Services

- | | |
|---|---|
| ✓ Dedicated Client Service Team | ✓ Open Enrollment Support |
| ✓ Unified digital experience | ✓ Attendance at Benefit/Health Fairs |
| ✓ LBS accounts accessible through Excellus BCBS member portal and app | ✓ Distribution of Open Enrollment Materials |
| | ✓ Campaigns to boost participation |