

Greater Tompkins County Municipal Health Insurance Consortium
Audit and Finance Committee
May 26, 2015
3:00 p.m.
Old Jail Conference Room

Agenda

1. Call to Order (3:00) Thayer
2. Approve Minutes of April 28, 2015 Meeting (3:05)
3. Executive Director's Report (3:07) Barber
 - a. MCA highlights
 - b. Consortium Mission/Vision Statement process
 - c. Bronze Plan
 - d. Other municipal interest
 - e. Code of Ethics
4. Resolution to Amended Recertification Resolution: 001-2015 (3:15) Barber
5. Medical Claims Audit report (3:20) BMI
6. Introduce Gold and Silver Plans (4:00) Locey
7. First quarter JURAT (4:10) Snyder
8. Financial Update (4:20) Locey
9. Process to establish Fund Balance target (4:25) Barber/Locey
10. Next Agenda Items (4:35)
11. Adjournment (4:40)

Next meeting: June 23, 2015 – 3 p.m.

Minutes – draft
Audit and Finance Committee
April 28, 2015
2 p.m.
Old Jail Conference Room

Present: Steve Thayer, Mack Cook, Peter Salton, Laura Shawley (arrived at 2:10 p.m.), Chuck Rankin

Excused: Kathy Miller

Absent: S. Weatherby

Guests: Steve Locey, Locey & Cahill; Don Barber, Executive Director; Rick Snyder, Consortium Treasurer; Judy Drake, Board of Directors Chair; Mimi Theusen, Ciaschi, Dietershagen, Little and Mickelson

Call to Order

Mr. Thayer called the meeting to order at 2:03 p.m.

Approval of Minutes of March 24, 2015

It was MOVED by Mr. Rankin, seconded by Mr. Cook, and unanimously adopted by voice vote by members present with Mr. Salton abstaining, to approve the minutes of the March 24, 2015 meeting as submitted. MINUTES APPROVED.

Executive Director's Report

Mr. Barber reported on the medical claims audit and said BMI has communicated with Excellus and a final report should be complete by the end of next week. They will attend the next meeting to present the report. He said one of the Board members has filed a Code of Ethics complaint against another Board member and when looking at the Ethics policy it was discovered there was no process included for reviewing complaints other than referring it to the Consortium's attorney. He said the County has an Ethics Advisory Board and a process that can be shared. An option for the Consortium is to have that Board review Consortium cases as they are authorized to review other municipal ethics complaints. The current procedure is outlined in the Municipal Cooperative Agreement and directs the Executive Committee to review information presented and the Board has the final decision on a current ethics case. Mr. Thayer suggested the Committee review the County's Ethics Policy and consider amending Consortium's policy to have that Board review Complaints filed with the Consortium.

Mr. Barber reported on the work of the MCA Review Committee and said there are a few issues that have been referred to the Consortium's attorney. There are other issues that were requested by the New York State Department of Financial Services that are also under consideration. They include articulating which municipalities can join the Consortium, allowing Board members to attend meetings via alternate means (i.e. Skype), defining the role of the Secretary, and including the Secretary on the Executive Committee. The Committee is planning to have a recommendation for the Board at its May 28th meeting.

Mr. Barber said he was approached by Aflac Insurance for doing telemedicine. He contacted Excellus and was told they do have a request for proposals out to consider having doctors available for telemedicine and they have asked that the Consortium hold off on this until they have something to bring forward.

He provided an update on the Recertification process and said the Town of Danby has completed its process; the two Cities and the County are not yet complete. To date 4% of covered lives were found to be ineligible and have been removed.

Approval of Invoices for Legal Services

It was MOVED by Ms. Shawley, seconded by Mr. Salton, and unanimously adopted by voice vote by members present, to approve the invoice in the amount of \$495. MOTION CARRIED.

It was MOVED by Mr. Salton, seconded by Mr. Ranking, and unanimously adopted by voice vote by members present with Mr. Cook abstaining, to approve the invoice in the amount of \$275. MOTION CARRIED.

2014 Audit Report

Ms. Theusen distributed copies of the 2014 Audit Report prepared by CDLM. She described the process and said it went very smooth and thanked Mr. Snyder and his staff for their cooperation. Comments included in the audit were as follows:

Unassigned Net Asset Position:

Finding: During the review of current year minutes discussion was noted recommending the establishment of a “targeted fund balance” (unencumbered funds) level. They felt this was a good idea and recommended the Board establish a “targeted fund balance: level.

Incurred Claims Liability:

Finding: During prior year audits, no formal documentation was available stating that liability for claims and expenses shall be 12% of annual total expenses. The liability had been calculated at approximately 12% of expected total incurred claims expense but no formal documentation from the Department of Financial Services was in place regarding this provision. The recommended formal documentation be obtained. It was noted annual reports have been submitted and accepted by the Department of Financial Services based on the 12% factor. This is also supported by the Actuarial Report determinations.

Audit of Medical Claims:

Finding: During prior year audits medical claims paid were not audited. They recommended an independent firm be engaged to perform audits of medical claims paid. It was noted an independent firm was engaged to perform audits of medical claims paid. Mr. Locey said the Board will be engaging a firm to conduct an audit of prescription drug claims.

Unassigned Net Asset Position:

Finding: In accordance with Note 1-F the Board may consider whether to establish a claim contingency fund from available surplus funds. They recommended consideration of this plan provision. It was noted that a \$600,000 catastrophic claims reserve was established during 2013 and a claims/rate stabilization reserve will be established in 2016.

In 2011 the State requested an independent firm look at the policies and procedures adopted and implemented by the Consortium be reviewed. CDLM looked at the policies, billing practices, procurement practices and expenditures, and banking procedures and found no issues. They looked extensively at revenues and sent out letters to municipalities to verify premiums that were paid and recorded and found no issues. Ms. Theusen explained the testing procedures that were used in cash receipt testing and cash disbursement testing and found no instance of non-compliance. She noted review of the Consortium's policies is not part of the usual audit process and was in response to the request by the State. She said this review of policies is not a standard audit process and suggested in the future that only new policies be reviewed.

She reviewed the official audit report and financial statements and said it is the opinion of CDLM that the financial statements are fairly presented in all material respects. Mr. Barber provided the Committee with copies of the Actuarial Report which shows 9% as what the IBNR level should be; therefore, the 12% level the Consortium uses is adequate.

It was MOVED by Mr. Cook, seconded by Mr. Thayer, and unanimously adopted by voice vote by members present, to accept the audit report as presented. MOTION CARRIED.

Review of 2014 JURAT

Mr. Snyder reviewed the contents and explained how calculations were made that are contained in the 2014 JURAT (annual financial filing). Mr. Locey said the Department of Financial Services is now requiring prescription drug premiums to be broken out separately in the document.

Financial Report

Mr. Locey reviewed the contents of the first quarter financial results for the Consortium for the period ending March 31, 2015. Total income was \$9,632,546; expenses were \$7,250,146. The net income for the period was \$2,382,398. It was noted that medical claims are running noticeably under budget.

Review of Responses from RFP for Prescription Drug Claims Audit

The Committee discussed a summary of quotes that had previously been received to a request for proposals for auditing of prescription drug claims. This process will be held off until the medical claims audit is complete.

Financial Impact of Excellus Behavior Coverage Lawsuit

The Committee reviewed information contained in an e-mail from Beth Miller that provided an overview of the investigation and a response to the question surrounding the cost associated with AG investigation with BH services clinical review criteria.

The document contained the following information:

1. On March 26, 2015, Excellus BlueCross BlueShield received approval from the Office for Alcoholism and Substance Abuse Services (OASAS) to use the Interqual clinical review criteria, with certain documented changes and conditions, in its review of substance use disorder

treatments in accordance with Chapter 41 of the Laws of 2014. Excellus BCBS will apply this criteria when reviewing requests for coverage of substance use disorder treatments under the Greater Tompkins County Municipal Health Insurance Consortium benefit plan. Attached is the approval letter submitted to Excellus.

2. The cost for the Federal Mental Health Parity Act (FMH) is calculated by our underwriting department and is included in the benchmark rates supplied during the renewal process. The rate supplied for FMH will accommodate the change in clinical criteria required by the mandate. Your administrative rate is not impacted.

3. Claim utilization due to change in policy or clinical criteria requirements is addressed during the renewal process of rate increase or decrease, which is approved the Board of Directors.

This item was presented for information only; no action by the Committee was necessary.

Next Agenda Items

The following items were suggested for inclusion on the next agenda:

- BMI audit findings
- Code of Ethics process
- Introduce Gold and Silver plans

Adjournment

The meeting adjourned at 3:42 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk



Municipalities building a
stable insurance future.

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

(Changes to Resolution No. 1 of 2015 are in bold)

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

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

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

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

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

RESOLVED, further, That any dependent of an employee or retiree for which no verification information has been submitted will be terminated on ~~May~~ **November** 1, 2015 and the member will be invoiced for that coverage since January 1, 2011 and the employee/retiree and their spouse and/or dependents will not be eligible for COBRA,

RESOLVED, further, That the Recertification Plan provides an appeals process from May 1 through ~~June 30~~ **December 31**, 2015 that will be administered by the Appeals Committee.”

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options

Plan Benefit and Cost Sharing Highlights		Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Cost Sharing		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Individual	Not Applicable	\$500	\$500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$1,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	Not Applicable	\$1,500	\$1,500 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$7,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Medical Plan Coinsurance and Copayments)</i>	Individual	\$2,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$3,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$4,200 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$6,350 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
	Family	\$6,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$9,000 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,600 Combined In-Network (Rx and Medical) and Out-of Network (Medical)		\$12,700 Combined In-Network (Rx and Medical) and Out-of Network (Medical)	
Out-of-Pocket Maximum <i>(Rx Plan Copayments)</i>	Individual	\$2,000 Combined with Medical - See Note	Not Applicable	\$3,000 Combined with Medical - See Note	Not Applicable	\$4,200 Combined with Medical - See Note	Not Applicable	\$6,350 Combined with Medical - See Note	Not Applicable
	Family	\$6,000 Combined with Medical - See Note	Not Applicable	\$9,000 Combined with Medical - See Note	Not Applicable	\$12,600 Combined with Medical - See Note	Not Applicable	\$12,700 Combined with Medical - See Note	Not Applicable
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care Services		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Well Child Visits and Immunizations		Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Adult Routine Physical Exams (1 Per Year)		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Adult Immunizations		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Routine Gynecological Exams		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Cervical Cytology Preventive		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prostrate Cancer Screenings		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Mammography Preventive Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Bone Density Testing Facility and Professional		\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Colonoscopy Screening Facility and Professional		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Family Planning Services		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Pre/Post Natal Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits (unlimited days)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Detoxification		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Residential Care		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Skilled Nursing Facility (Limited to 45 Days Per Year In and Out-of Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Inpatient Physical Rehabilitation (Limited to 60 Days Per Year In and Out-of-Network)		\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Routine Newborn Nursery Care		Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Prosthetics - Implanted Devices		Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mastectomy	\$250 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Observation Stay	\$150 Copay	20% After Deductible	\$250 Copay	40% After Deductible	\$250 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Inpatient Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Anesthesia	Covered In Full	Covered In Full	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
In-Hospital Physician Visits and Consults	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Outpatient Facility Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical Care	\$150 Copay	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Pre-Admission / Pre-Operative Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine X-Rays	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic and Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Testing	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Family Counseling	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Cardiac Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Home Care and Hospice Care	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care (Limited to 40 Visits Per Year)	Covered In Full	20% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	Covered In Full	25% After \$50 Deductible	20% After \$50 Deductible	25% After \$50 Deductible
Hospice Care Inpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Hospice Care Outpatient	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Family Bereavement (Limited to 5 Visits Per Year)	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Hospital and Ambulatory Surgery	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Office Surgery	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Routine X-Ray	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Advanced Imaging Services	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diagnostic Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible

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Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
Routine Laboratory and Pathology	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Radiation Therapy	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chemotherapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Infusion Therapy	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Dialysis	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	20% After Deductible	40% After Deductible
Injectable Drugs	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Mental Health Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Substance Use Treatment	\$0 PCP / \$25 Spec Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Maternity Care	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Autism Applied Behavior Analysis	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Additional (Second) Surgical Opinion	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Second Medical Opinion for Cancer	\$25 Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Pulmonary Rehabilitation	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Office Visits - Diagnostic	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Medications Administration in Office	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Eye Exams Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Hearing Evaluation Diagnostic	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Chiropractic Care	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Testing	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Allergy Treatment including Serum	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	Covered In Full	40% After Deductible
Hearing Evaluation Routine	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	40% After Deductible
Adult Hearing Aids	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Hearing Aid Age Limit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Pediatric Hearing Aid	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cochlear Implants	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Rehab and Habilitation Services - Outpatient Facility	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Rehab and Habilitation Services - Professional Services								
Physical Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Rehabilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Physical Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Occupational Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Speech Habilitation (45 Visits Per Year Rehab and Habilitation Services Combined)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Other Benefits								
Treatment of Diabetes Insulin and Supplies	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Education	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Diabetic Equipment	\$15 Copay	20% After Deductible	\$25 Copay	40% After Deductible	\$30 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autism Assistive Communication Device	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Autologous Blood Banking	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical Equipment (DME)	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Mastectomy Prosthesis	Covered In Full	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Foot Orthotics	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - External Benefit	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Prosthetic - Wigs External Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Medical Supplies	20% Coinsurance	20% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible	20% After Deductible	40% After Deductible
Acupuncture	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Private Duty Nursing	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Services								
Emergency Room Care - Facility (waived if admitted to hospital)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Emergency Room Care - Professional	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full	Covered In Full
Ambulance - Pre-Hospital Emergency Services Transportation (Ground)	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Air Ambulance	\$150 Copayment	\$150 Copayment	\$250 Copayment	\$250 Copayment	\$350 Copayment	\$350 Copayment	20% After Deductible	20% After Deductible
Water Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Urgent Care Center - Facility	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	20% After Deductible	40% After Deductible
Urgent Care Center - Professional Services	Covered In Full	20% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible	Covered In Full	40% After Deductible
Urgent Care Office Visit	\$15 PCP / \$25 Spec Copay	20% After Deductible	\$25 PCP / \$40 Spec Copay	40% After Deductible	\$30 PCP / \$50 Spec Copay	40% After Deductible	20% After Deductible	40% After Deductible
Vision Benefits								
Adult Routine Vision Exam (1 Per Year)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Adult Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Routine Vision Exam (1 Per Year Children Less Than 19 Years Old)	\$25 Copay	20% After Deductible	\$40 Copay	40% After Deductible	\$50 Copay	40% After Deductible	Not Covered	Not Covered
Pediatric Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Greater Tompkins County Municipal Health Insurance Consortium
2015 Standard Platinum, Gold, Silver, and Bronze Plan Benefit Options

Plan Benefit and Cost Sharing Highlights	Greater Tompkins County Municipal Health Insurance Consortium Standard Platinum Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Gold Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Silver Plan		Greater Tompkins County Municipal Health Insurance Consortium Standard Bronze Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental Benefits								
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventive and Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Emergency Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Routine	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Endodontic	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Prosthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental - Orthodontics	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drug Benefits								
Retail Pharmacy (limited to a 30-day supply)	Tier 1 \$10	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered	Tier 1 \$5	Not Covered
	Tier 2 \$30	Not Covered	Tier 2 \$35	Not Covered	Tier 2 \$45	Not Covered	Tier 2 \$35	Not Covered
	Tier 3 \$50	Not Covered	Tier 3 \$70	Not Covered	Tier 3 \$90	Not Covered	Tier 3 \$70	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1 \$30	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered	Tier 1 \$10	Not Covered
	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered	Tier 2 \$90	Not Covered	Tier 2 \$70	Not Covered
	Tier 3 \$150	Not Covered	Tier 3 \$140	Not Covered	Tier 3 \$180	Not Covered	Tier 3 \$140	Not Covered
\$0 Generics for Children Less Than 19 Years of Age	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
MAC Penalty (Mandatory Generic Substitution)	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Step Therapy	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Prior Authorization	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Generic Oral Contraceptives - Covered In Full	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered	Applicable	Not Covered
Mandatory Mail-Order for Maintenance Medications	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Monthly Premium Rates	Individual	Subscriber and Spouse	Individual	Subscriber and Spouse	Individual	Subscriber and Spouse	Individual	Subscriber and Spouse
2015 Fiscal Year	\$540.75	Not Applicable		Not Applicable		Not Applicable		Not Applicable
	Subscriber and Children	Family	Subscriber and Children	Family	Subscriber and Children	Family	Subscriber and Children	Family
	Not Applicable	\$1,405.95	Not Applicable		Not Applicable		Not Applicable	
Wellness Plan Included	YES		YES		YES		YES	
Health Savings Account Eligible	NO		NO		NO		YES	

* The benefits outlined above are a summary of the benefits for the 2015 Fiscal Year and are subject to change to keep the overall benefit equal to an ACA Platinum, Gold, Silver, or Bronze Level each year.

* Please refer to the actual insurance certificate or plan document for a detailed description of what is covered under this health insurance plan.

**STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES**

**DATA REQUIREMENTS FOR
MUNICIPAL COOPERATIVE HEALTH BENEFIT PLANS**

Greater Tompkins County Municipal Health Insurance Consortium
Name of MCHBP

FOR THE FISCAL QUARTER ENDING
March 31, 2015

To be filed 45 days from fiscal quarter end

Two copies of this Form bearing original signatures and notarization should be filed with
the Department of Financial Services at the following address:

New York State Department of Financial Services
Health Bureau
One State Street, 11th Floor
New York, New York 10004

QUARTERLY STATEMENT

FOR THE QUARTER ENDING March 31, 2015

OF THE CONDITION AND AFFAIRS OF

Greater Tompkins County Municipal Health Insurance Consortium
(Name)

A Municipal Cooperative Health Benefit Plan organized under the laws of the State of New York made to the New York State Department of Financial Services pursuant to the laws thereof.

Date Certified As An MCHBP: October 1, 2010
 Commenced Business: January 1, 2011
 Mailing Address: c/o Rick Snyder, Director of Finance, Tompkins County, 125 East Court Street, Ithaca, NY 14850
 Address of Main Administrative Office: Same as Mailing Address
 Telephone Number: (607)-274-5502 Employer's ID Number: 27-1447438
 Principal Location of Books and Records: Same as Mailing Address
 Name of Administrator: N/A
 Name of Statement Contact Person: Donald Barber, Executive Director
 Statement Contact Person E-mail: sunnybrk@gmail.com Telephone Number: (607)-539-3395
 Service Areas (Counties): Tompkins

OFFICERS*

President: Judith Drake Other Officers: Rordan Hart, Vice Chairperson
 Secretary: Charles Rankin Richard Snyder, Treasurer
 Chief Financial Officer: Stephen P. Thayer Donald Barber, Executive Director

GOVERNING BOARD*

Name	Title	Municipality
Stephen P. Thayer	CFO	City of Ithaca
Charles Rankin	Secretary	Village of Groton
Donald Barber	Executive Director	Town of Caroline
Laura Shawley	Board Member	Town of Danby
Mary Ann Sumner	Board Member	Town of Dryden
Herb Masser	Board Member	Town of Enfield
Don Scheffler	Board Member	Town of Groton
Judith Drake	President	Town of Ithaca
Nancy Zahler	Board Member	Town of Ulysses
Peter Salton	Board Member	Village of Cayuga Heights
Michael Murphy	Board Member	Village of Dryden
Charles V. Rankin	Board Member	Village of Groton
Rordan Hart	Vice Chairperson	Village of Trumansburg
Phil VanWormer	Board Member	CSEA, County of Tompkins
Scott Weatherby	Board Member	CSEA, Tompkins Cortland Community College
Mack Cook	Board Member	City of Cortland
Kathy Miller	Board Member	Town of Lansing
Rick Snyder	Treasurer	County of Tompkins
John Fracchia	Board Member	Town of Caroline
Genevieve A. Suits	Board Member	Village of Homer
Deborah Prato	Board Member	Tompkins County

STATE OF New York
 COUNTY OF Tompkins

Judith Drake, President, Chuck Rankin, Secretary,
Steven Thayer, Chief Financial Officer (or Corresponding person having charge of the financial records of the MCHBP) of the Greater Tompkins County Municipal Health Insurance Consortium, being duly sworn, each for himself deposes and says that they are the above described officers of the said MCHBP, and that on the reporting period stated above, all of the herein assets were the absolute property of the said MCHBP, free and clear from any liens or claims thereon, except as herein stated, and that this Statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said MCHBP as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

Subscribed And Sworn To Before Me This 13th Day of May 2015
 (Month) (Year)

Judith Drake President
Charles Rankin Secretary
Steven P. Thayer Chief Financial Officer
 (Corporate Seal)

NOTARY PUBLIC
 (Seal)

CATHERINE COVERT
 Notary Public, State of New York
 No. 4983156
 Qualified in Tompkins County,
 Commission expires June 24, 2015

- (a) Is this an original filing? No []
- (b) If no:
 - (i) state the amendment number _____
 - (ii) date filed _____
 - (iii) number of pages attached _____

*Show full name (initials not acceptable) and indicate by number sign (#) those officers and directors who did not occupy the indicated position in the previous statement.
 Revised 2014

REPORT #1 — PART A: ASSETS

	Current Quarter	Previous Year *
	1 Total	2 Total
1. Bonds (Schedule B line 0199999, Page NY 9)	-	
2. Stocks:		
2.1 Preferred stocks (Schedule B line 0299999, Page NY9)	-	-
2.2 Common stocks (Schedule B line 0399999, Page NY 9)	-	
3. Real estate		
4.1 Cash (Schedule A Line 0399999, Page NY 8)	10,092,182	7,958,073
4.2 Cash equivalents (Schedule A Line 0499999, Page NY 8)	-	
4.3 Total Cash and Cash equivalents (Schedule A Line 0599999, Page NY 8)	10,092,182	7,958,073
5. Premiums receivable (Schedule C, NY 10)	41,211	36,379
6. Other invested assets		
7. Receivable for securities		
8. Aggregate write-in for invested assets	-	-
9. Subtotal cash and invested assets (Lines 1 to 8)	10,133,393	7,994,452
10. Investment income due and accrued		
11. Reinsurance:		
11.1 Amounts recoverable from reinsurers	125,000	125,000
11.2 Funds held by or deposited with reinsured companies		
11.3 Other amounts receivable under reinsurance contracts		
12.1 Current federal income tax recoverable and interest thereon		
12.2 Net deferred tax asset		
13. Electronic data processing equipment and software		
14. Furniture and equipment, including health care delivery assets		
15. Health care and other amounts receivable		415,237
16. Aggregate write-in for other than invested assets	6,920,183	6,908,315
17. Total Assets(Lines 9 to 16)	17,178,576	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 8 FOR INVESTED ASSETS		
0801. _____		
0802. _____		
0802. _____		
0804. _____		
0805. _____		
0898. Summary of remaining write-ins for Item 8 from overflow page	-	-
0899. TOTALS (Items 0801 thru 0805 plus 0898) (Page 2, item 8)	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR OTHER THAN INVESTED ASSETS		
1601. <u>Restricted Cash</u>	5,955,086	5,953,618
1602. <u>Ancillary Benefits Receivable</u>	968	
1603. <u>Excellus BCBS Prepaid Claims (Advance Deposit)</u>	953,700	953,700
1604. <u>Prepaid Expenses</u>	10,429	997
1605. _____		
1698. Summary of remaining write-ins for Item 16 from overflow page	-	-
1699. TOTALS (Items 1601 thru 1605 plus 1698) (Page 2, item 16)	6,920,183	6,908,315

* As reported on Prior Year End filed Annual Statement.

REPORT #1 — PART B: LIABILITIES AND NET WORTH

	Current Quarter	Previous Year *
	1 Total	2 Total
1 Total claims payable (Schedule F Line 4, Col D + E, Page NY 11)	3,951,178	3,800,339
2. Premiums received in advance	318,409	345,672
3. General expenses due or accrued		
4.1 Current federal income tax payable and interest thereon		
4.2 Net deferred tax liability		
5. Ceded reinsurance premiums payable		
6. Amounts withheld or retained for the account of others		
7. Borrowed money and interest thereon		
8. Payable for securities		
9. Funds held under reinsurance treaties		
10. Aggregate write-ins for other liabilities	-	9,508
11. Accounts payable (Schedule G, NY12)	385,438	386,786
12. Claim stabilization reserve	-	-
13. Unearned premiums		
14. Loans and notes payable	-	-
15. Aggregate write-ins for current liabilities	10,576	-
16. Total liabilities (Lines 1 to 15)	4,665,601	4,542,305
17. Aggregate write-ins for special surplus funds	606,898	606,898
18. Gross paid-in and contributed surplus		
19. Unassigned funds (surplus)	10,102,912	8,490,636
20. Surplus notes		
21. Surplus per Section 4706(a)(5) **	1,803,165	1,803,165
22. Total capital and surplus (Lines 17 to 21)	12,512,975	10,900,699
23. Total liabilities, capital, and surplus (Lines 16 + 22)	17,178,576	15,443,004
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER LIABILITIES		
1001. Prepaid Ancillary Benefits/	-	9,508
1002. _____		
1003. _____		
1004. _____		
1005. _____		
1098. Summary of remaining write-ins for Item 10 from overflow page	-	-
1099. TOTALS (Items 1001 thru 1005 plus 1098) (Page 3, item 10)	-	9,508
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR CURRENT LIABILITIES		
1501. Unearned Ancillary Benefits Premiums	10,576	-
1502. _____	-	-
1503. _____	-	-
1504. _____	-	-
1505. _____	-	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 3, item 15)	10,576	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR SPECIAL SURPLUS FUNDS		
1701. Assigned for Catastrophic Claims	606,898	606,898
1702. _____		
1703. _____	-	-
1704. _____		
1705. _____		
1798. Summary of remaining write-ins for Item 17 from overflow page	-	-
1799. TOTALS (Items 1701 thru 1705 plus 1798) (Page 3, item 17)	606,898	606,898

* As reported on Prior Year End filed Annual Statement.

** Calculation of current year reserves shown on NY14 (Schedule K).

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH

	Current Fiscal Year to Date	Prior Fiscal Year to Date	Prior Fiscal Year*	Current Fiscal Year to Date	Prior Fiscal Year*
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
1. Member Months	15,128	15,173	60,188	XXX	XXX
2. Net premium income:					
2.1 Basic	7,257,088	9,164,313	27,616,979	479.71	458.85
2.2 Drugs	2,132,548	-	8,446,312	140.97	140.33
2.3 Total	9,389,636	9,164,313	36,063,291	620.68	599.18
3. Change in unearned premium reserves and reserve for rate credits:					
3.1 Basic	-	-	-	-	-
3.2 Drugs	-	-	-	-	-
3.2 Total	-	-	-	-	-
4. Aggregate write-ins for other health care related revenues	-	-	-	-	-
5. Investment	3,221	3,492	12,641	0.21	0.21
6. Non-health revenues	31,609	35,509	134,659	XXX	XXX
7. Total revenues (Items 2 to 6)	9,424,466	9,203,314	36,210,591	622.98	601.62
Hospital and Medical:					
8. Hospital/medical benefits	5,217,836	1,942,027	22,704,500	344.91	377.23
9. Other professional services	-	-	-	-	-
10. Outside referrals	-	-	-	-	-
11. Emergency room and out-of-area	-	-	-	-	-
12. Prescription drugs	1,980,497	1,853,021	7,050,989	130.92	117.15
13. Aggregate write-ins for other hospital and medical	-	-	-	-	-
14. Incentive pool, withhold adjustments and bonus amounts	-	-	-	-	-
15. Aggregate write-ins for other expenses	59,689	61,474	576,799	3.95	9.58
16. Subtotal (Lines 8 to 15)	7,258,022	3,856,522	30,332,288	479.77	503.96
Less:					
17. Net reinsurance recoveries	-	-	200,613	-	3.33
18. Total hospital and medical (Lines 16-17)	7,258,022	3,856,522	30,131,675	479.77	500.63
19. Claims adjustment expenses, including cost containment expenses	-	-	-	-	-
20. General administrative expenses					
20.1 Compensation	15,208	9,113	50,939	1.01	0.85
20.2 Interest expense	-	-	-	-	-
20.3 Occupancy, depreciation, and amortization	-	-	-	-	-
20.4 Marketing	-	-	-	-	-
20.5 Professional Fees	32,851	10,946	68,012	2.17	1.13
20.6 Administration Fees	248,000	239,592	955,264	16.39	15.87
20.7 Consulting Fees	18,236	17,395	63,502	1.21	1.06
20.8 Aggregate write-ins for other administrative expenses	207,673	207,883	745,741	13.73	12.39
20.9 Total administrative expenses	521,968	484,929	1,883,458	34.50	31.29
21. Increase in reserves for A&H contracts	-	-	-	-	-
22. Total underwriting deductions (Lines 18 to 21)	7,779,990	4,341,451	32,015,133	514.28	531.92
23. Net underwriting gain or (loss) (Lines 7 - 22)	1,644,476	4,861,863	4,195,458	108.70	69.71
24. Net investment income earned	-	-	-	-	-
25. Net realized capital gains or (losses) less capital gains taxes	-	-	-	-	-
26. Net investment gains or (losses) (Lines 24 + 25)	-	-	-	-	-
27. Aggregate write-ins for other income or expenses	(32,200)	(34,907)	(129,008)	(2.13)	(2.14)
28. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 23 + 26 + 27)	1,612,276	4,826,956	4,066,450	106.58	67.56
29. Federal income taxes incurred	-	-	-	-	-
30. Net income (loss) (Lines 28 - 29)	1,612,276	4,826,956	4,066,450	106.58	67.56
DETAILS OF WRITE-INS AGGREGATED AT ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0401. _____	-	-	-	-	-
0402. _____	-	-	-	-	-
0403. _____	-	-	-	-	-
0404. _____	-	-	-	-	-
0405. _____	-	-	-	-	-
0498. Summary of remaining write-ins for Item 4 from overflow page	-	-	-	-	-
0499. TOTALS (Items 0401 thru 0405 plus 0498) (Page 4, item 4)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1301. _____	-	-	-	-	-
1302. _____	-	-	-	-	-
1303. _____	-	-	-	-	-
1304. _____	-	-	-	-	-
1305. _____	-	-	-	-	-
1398. Summary of remaining write-ins for Item 13 from overflow page	-	-	-	-	-
1399. TOTALS (Items 1301 thru 1305 plus 1398) (Page 4, item 13)	-	-	-	-	-
DETAILS OF WRITE-INS AGGREGATED AT ITEM 15 FOR OTHER EXPENSES					
1501. NYS Graduate Medical Education Tax	59,689	61,474	241,282	3.95	4.01
1502. ACA Traditional Reinsurance Fee	-	-	316,764	-	5.26
1503. Flu Clinics	-	-	8,575	-	0.14
1504. Patient Care Outcomes Research Institution Fee (PCORI)	-	-	10,178	-	0.17
1505. _____	-	-	-	-	-
1598. Summary of remaining write-ins for Item 15 from overflow page	-	-	-	-	-
1599. TOTALS (Items 1501 thru 1505 plus 1598) (Page 4, item 15)	59,689	61,474	576,799	4	10
DETAILS OF WRITE-INS AGGREGATED AT ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.801. Insurance (Directors & Officers, Professional Liability)	28,160	24,957	24,957	1.86	0.41
20.802. Stop Loss Premiums	179,513	182,926	720,784	11.87	11.98
20.803. _____	-	-	-	-	-
20.804. _____	-	-	-	-	-
20.805. _____	-	-	-	-	-
20.898. Summary of remaining write-ins for Item 20.8 from overflow page	-	-	-	-	-
20.899. TOTALS (Items 20.801 thru 20.805 plus 20.898) (Page 4, item 20.8)	207,673	207,883	745,741	14	12
DETAILS OF WRITE-INS AGGREGATED AT ITEM 27 FOR OTHER INCOME OR EXPENSES					
2701. Miscellaneous Expenses	(1,934)	(264)	(1,144)	(0.13)	(0.02)
2702. Insured Ancillary Benefits Expense	(31,454)	(34,643)	(127,864)	(2.08)	(2.12)
2703. Other income	1,188	-	-	0.08	-
2704. _____	-	-	-	-	-
2705. _____	-	-	-	-	-
2798. Summary of remaining write-ins for Item 27 from overflow page	-	-	-	-	-
2799. TOTALS (Items 2701 thru 2705 plus 2798) (Page 4, item 27)	(32,200)	(34,907)	(129,008)	(2)	(2)

* As reported on Prior Year End filed Annual Statement.

REPORT #2 STATEMENT OF REVENUE, EXPENSES AND NET WORTH (Continued)

CAPITAL & SURPLUS ACCOUNT	Current Quarter	Previous Year *
	1 Total	2 Total
31. Capital and surplus prior reporting year	10,900,699	7,048,883
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	1,612,276	4,066,450
33. Change in valuation basis of aggregate policy and claim reserve		
34. Change in net unrealized capital gains and losses less capital gains tax		
35. Change in net deferred income tax		
36. Change in nonadmitted assets		
37. Change in unauthorized reinsurance		
38. Change in surplus notes	-	
39. Cumulative effect of changes in accounting principles		
40. Capital Changes		
40.1 Paid in		
40.2 Transferred to surplus		
41. Surplus adjustments:		
41.1 Paid in	-	
41.2 Transferred from capital		
42. Dividends to participating municipal corporations (or school districts)		
43. Change in surplus per Section 4706(a)(5)	-	77,781
44. Change in retained earnings/fund balance	-	(77,781)
45. Interest on surplus notes		
46. Aggregate write-ins for changes in other net worth items	-	(214,634)
47. Aggregate write-ins for gains or (losses) in surplus	-	-
48. Net change in capital and surplus (Lines 32 to 47)	1,612,276	3,851,816
49. Capital and surplus end of reporting period (Line 31 + 48)**	12,512,975	10,900,699
DETAILS OF WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4601. Additional needed for 12% IBNR	\$ -	\$ (214,634)
4602. _____		
4603. _____		
4604. _____		
4605. _____		
4698. Summary of remaining write-ins for Item 46 from overflow page	-	-
4699. TOTALS (Items 4601 thru 4605 plus 4698) (Page 5, item 46)	-	(214,634)
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4701. _____		
4702. _____		
4703. _____		
4704. _____		
4705. _____		
4798. Summary of remaining write-ins for Item 47 from overflow page	-	-
4799. TOTALS (Items 4701 thru 4705 plus 4798) (Page 5, item 47)	-	-

* As reported on Prior Year End filed Annual Statement.

** Must agree with Page NY 3 Line 22

GENERAL INTERROGATORIES

- 1. a) Has any change been made since the last reporting date in the municipal cooperation agreement; administration agreement; plan document or the number of participating municipal corporations (or school districts)? Yes [] No [X]
- b) If "Yes", when was the filing request to change the agreements or documents filed with the Department of Financial Services? Date: N/A
- i) If "approved", when was the filing request approved? Date: N/A
Date: N/A
Date: N/A
Date: N/A
- ii) If not "approved" yet, what is the status of the filing request and the status date?

Date: N/A
Date: N/A
Date: N/A
Date: N/A

- c) If "Yes", attach current copies of the documents if they have not been previously submitted.
- 2. a) State as of what date the latest financial examination of the MCHBP was made or is being made. Date: 12/31/14
- b) State the as of date that the latest financial examination report became available from either the state or the company. This date should be the date of the examined balance sheet and not the date the report was completed or released. Date: 12/31/14

- 3. a) Did any person, while an officer, director or trustee of the reporting entity, receive directly or indirectly, during the period covered by this statement, any commission on the business transactions of the reporting entity? Yes [] No [X]
- b) If "Yes", give particulars:

- 4. a) Was money loaned, directly or indirectly, during the period covered by this report to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
0599999 Totals					

- b) Was money loaned, directly or indirectly, prior to the period covered by this report, with an amount still outstanding, to any employee, officer, or director of the MCHBP? If "Yes", please complete the schedule below. Yes [] No [X]

1 Name of Borrower	2 Position with MCHBP	3 Description of Loan	3 Original Loan Amount	4 Amount of Loan Principal Outstanding at Quarter End	5 Date Original Loan Was Issued
0599999 Totals					

- 5. a) Is the fiscal officer of the MCHBP covered by a fidelity bond? Yes [X] No []
- b) If "Yes", give name of surety company, and amount of coverage:
The Consortium Treasurer and the Consortium Assistant to the Treasurer are both covered by the County of Tompkins' Employee Dishonesty Bond (a.k.a. Fidelity Bond). This coverage is provided through Fidelity and Deposit Company of Maryland, Colonial American Casualty and Surety Company, 1400 American Lane, Schaumburg, IL 60196. This company is a subsidiary of Zurich American Insurance Company. The coverage provided covers embezzlement and/or the misappropriation of funds and each person is covered up to \$2,000,000 maximum.

- 6. a) Were all the stocks, bonds, and other securities owned as of the reporting period in the actual possession of the MCHBP on the said date? Yes [X] No []
- b) If "No", give location: No stocks, bonds, or other securities owned by the Consortium at this time.
- 7. a) Excluding real estate and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a direct custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F, Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

- b) For agreements that conform to the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
No stocks owned at this time	N/A

- c) For all agreements that do not conform to the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A	N/A	N/A

- 8. a) Is the purchase or sale of all investments of the MCHBP passed upon by either the Board of Governors or a subordinate committee thereof? Yes [] No [X]
- b) If "No", state who has the authority: N/A
- 9. a) Has any present or former officer, director or any other person or firm any claim of any nature whatsoever against the MCHBP which is not included in the financial statements? Yes [] No [X]
- b) If "Yes", give details:
N/A

- 10. a) Has the MCHBP been subject to any administrative orders, cease and desist orders, fines or suspensions by any government entity during the reporting period? Yes [] No [X]
- b) If "Yes", give details (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement)
N/A

GENERAL INTERROGATORIES (Continued)

11. a) What is the percentage that the MCHBP uses for its claims payable reserve? 12%
- b) Is the percentage used for claims payable reserve equal to the minimum requirement of 25% as per Insurance Law § 4706(a)(1)? Yes [] No [X]
- c) If b) is "No", did the MCHBP file a request to use a lower percentage with the Department of Financial Services as per Insurance Law § 4706(a)(1)? Yes [X] No []
- d) If c) is "Yes", answer the following:
 i) When was the request filed with the Department of Financial Services? Date: 11/02/13
 ii) When was the request approved? Date: N/A
 iii) If approved, please attach a copy of the approval letter.
12. a) Does the MCHBP set up its claim liability for hospital and other medical services on a service date basis? Yes [X] No []
- b) If No, give details: N/A
N/A
13. a) Was the MCHBP's prior year's annual statement amended? Yes [] No [X]
- b) If yes, furnish the following information regarding the last amendment to the prior year's annual statement filed with the MCHBP's state of domicile
 i) Amendment number N/A
 ii) Date of amendment N/A
14. Does the reporting entity keep a complete permanent record of the proceedings of its governing board and all subordinate committees thereof? Yes [X] No []
15. a) Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? None
- b) List the name of the firm and the amount paid if any such payment represented 5% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.
- | 1 | 2 |
|------|-------------|
| Name | Amount Paid |
| N/A | |
| | |
| | |
16. a) Does the MCHBP plan to refund any amounts in excess of reserves and surplus required by § 4706 of the New York Insurance Law and anticipated expenses in the plan's joint funds to participating municipal corporations (or school districts) during the next 90 days? Yes [] No [X]
- b) If a) is "Yes", provide the following:
 i) Anticipated date of distribution. Date: N/A
 ii) Anticipated amount of distribution. N/A
17. a) Has the MCHBP's current community rating methodology been filed with and approved by the superintendent as required by § 4705(d)(5)(B) of the New York Insurance Law? Yes [X] No []
- b) If a) is "Yes", answer the following:
 i) When was the request filed with the Department of Financial Services? Date: 10/01/10
 ii) When was the request approved? Date: N/A
 iii) If approved, please attach a copy of the current community rating methodology as well as the approval letter.
- c) If a) is "No", give particulars, including when the community rating methodology will be filed with the Department of Financial Services:
This information was submitted as part of our application process to the state and was approved at that time.
A defacto authorization has been deemed to be received as the Consortium received a Certificate of Authority to operate on 10/1/10
18. a) Does the MCHBP maintain Stop-loss insurance as required by Insurance Law Section 4707(a)? Yes [X] No []
- b) If a) is "No", was a waiver granted pursuant to Section 4707(b) of the Insurance Law? Yes [] No []
- c) If b) is "Yes", answer the following
 i) When was the request filed with the Department of Financial Services? Date: _____
 ii) When was the request approved? Date: _____
 iii) If approved, please attach a copy of the approval letter.
- d) If b) is "No", the MCHBP is in violation of Section 4707(a) of the Insurance Law. Please explain how the MCHBP intends to correct this violation?

19. a) Has the MCHBP changed its CPA since the last Annual Statement filing? Yes [] No [X]
- b) If a) is "Yes", did the MCHBP provide updated information to the Department of Financial Services within 60 days of the change? Yes [] No []
- c) If b) is "No", please be advised that in the future the Department of Financial Services requires notification of a change in CPA within 60 days of the change. In addition, please provide the following information for the new CPA:
 i) Name
 ii) Address
 iii) Telephone Number
 iv) Email Address
- d) Was the CPA dismissed or did the CPA resign? Yes [] No []
- e) If d) is "Yes", the MCHBP must provide the following:
 i) the company shall submit notification to the superintendent within five business days of the event;
 ii) the company shall submit a letter to the superintendent within 15 business days of the event stating whether there were any disagreements at the decision-making level with the former CPA within the previous two years (whether or not resolved to the CPA's satisfaction) on any matter of accounting principles or practices, financial statement disclosure, or auditing scope or procedure that might or could have been referenced in the CPA's opinion attached to the audited financial report and detailing with specificity the nature and extent of any such disagreements; and
 iii) the company shall submit, with the letter required by paragraph (2) of this subdivision, a letter from the former CPA to the superintendent stating whether the CPA agrees with the statements contained in the company's letter and, if not, stating the reasons for which the CPA does not agree.

SCHEDULE A — CASH AND CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Received During Current Quarter	Amount of Interest Due & Accrued at end of Current Quarter	Balance
Depository — Cash	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Tompkins Trust Company	xxx	XXX	0.095	XXX	XXX	1,753		9,970,602
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
		XXX		XXX	XXX			
0199999 Total — Cash on Deposit	XXX	XXX	XXX	XXX	XXX	1,753	-	9,970,602
0299999 Cash in Company's Office	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121,580
0399999 Total — Cash	XXX	XXX	XXX	XXX	XXX	1,753	-	10,092,182
Description — Cash Equivalent	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 Total — Cash Equivalent	XXX	XXX	XXX	XXX	-	-	-	-
0599999 Total — Cash and Cash Equivalent	XXX	XXX	XXX	XXX	\$ -	\$ 1,753	\$ -	\$ 10,092,182
NOTE: Negotiable certificates of deposit to be reported in Schedule B.								

SCHEDULE C — PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all Municipal Corporations with account balances the greater of 10% of gross Premiums Receivable or \$5,000.

	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
TC3	4,832	8,572	27,807	-	-	41,211
0199999 Individually Listed Receivables	4,832	8,572	27,807	-	-	41,211
0299999 Receivables Not Individually Listed						
0399999 Gross Premiums Receivable	4,832	8,572	27,807	-	-	41,211
0499999 Less Allowance for Doubtful Accounts						
0599999 Premiums Receivable						41,211

N.Y. SCHEDULE F — QUARTERLY UNPAID CLAIMS DEVELOPMENT SCHEDULE

A Description of Claims	Claims Paid During the Current Fiscal Year		Claims Unpaid at End of Current Quarter Viz: Estimated Liability at End of Current Quarter		F Total Claims Paid During the Fiscal Year and Claims Unpaid at End of Current Quarter on Claims Incurred in Prior Years (B + D)	G Estimated Liability of Unpaid Claims at End of Previous Fiscal Year	H Amount Unpaid Claims is Over or (Under) Reserved
	B On Claims Incurred Prior to the Current Fiscal Year	C On Claims Incurred During the Current Fiscal Year	D On Claims Unpaid at End of Previous Year	E On Claims Incurred During the Year			
1. Hospital & Medical Claims	1,268,095	4,275,713		3,928,531	1,268,095	2,738,512	1,470,417
2. Drug Claims	21,275	1,959,223		22,647	21,275	22,647	1,372
3. Other					-	1,039,180	1,039,180
4. TOTAL	1,289,370	6,234,936	-	3,951,178	1,289,370	3,800,339	2,510,969

NOTE: The sum of the amounts reported on Line 4, Column D+E must equal the amount reported on Page NY 3, Line 1, Column 1

NOTE: The amount reported on Line 4, Column G must equal the amount reported on Page NY 3, Line 1, Column 2

SCHEDULE G — ACCOUNTS PAYABLE

Individually list all creditors of \$5,000 or more or 10% of total trade accounts payable, whichever is larger. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed - Due". Report accounts payable from the initial date of billing or due date under contract.

Account	1 1-30 Days	2 31-60 Days	3 61-90 Days	4 91 - 120 Days	5 Over 120 Days	6 Total
Tompkins County Department of Finance	3,056					3,056
Don Barber	2,340					2,340
ProAct	352,509					352,509
Excellus	19,962					19,962
Bonadio	6,300					6,300
Hancock and Estabrook	770					770
Locey and Cahill	501					501
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
	-					-
0199999 Total Accounts Payable - Individually Listed	385,438					385,438
0299999 Aggregate Accounts Not Individually Listed - Due						
0399999 Aggregate Accounts Not Individually Listed - Accrued but Not Yet Due						
9999999 Total Accounts Payable	385,438					385,438

The columns for future quarters should be left blank; however, all previous quarters and prior year end columns should be completed. In addition, please note that you are not to add the current quarter to the previous quarter or prior year end values as these columns are an actual count as of the last day of the quarter and are not cumulative.

SCHEDULE I-1 — PARTICIPATING MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of Participating Municipal Corporations	15	16			

SCHEDULE I-2 — EMPLOYEES AND RETIREES OF THE MUNICIPAL CORPORATIONS (OR SCHOOL DISTRICTS) ENROLLED

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of employees and retirees enrolled	2,268	2,308			

SCHEDULE I-3 — ENROLLMENT DATA (PARTICIPANTS)

A	B Prior Year End	C 1st Quarter	D 2nd Quarter	E 3rd Quarter	F 4th Quarter
Number of total lives covered	60,174	15,128			

SCHEDULE K —CALCULATION OF SURPLUS PER SECTION 4706(a)(5)

	Current Quarter
1. Number of participating Municipal Corporations (or school districts)	16
2. Number of enrolled members	2,308
3. Maintains Stop-loss insurance as required by 4707(a)	Yes
3. Percentage used to calculate the Surplus per Section 4706(a)(5)	5.0%
4. Annualized Net premium income	12,519,515
5. Surplus per Section 4706(a)(5) using Annualized Net Premium Income	625,976
6. Surplus per Section 4706(a)(5) From last Fiscal Year Statement	1,803,165
7. Surplus per Section 4706(a)(5) to be reported on page NY 3, Line 21, Col 1	1,803,165

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Prior Year to Date	Previous Year *	Current Quarter	Previous Year *
	1	2	3	4	5
	Total	Total	Total	PMPM	PMPM
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 8 FOR INVESTED ASSETS					
0806. _____				XXX	XXX
0807. _____				XXX	XXX
0808. _____				XXX	XXX
0809. _____				XXX	XXX
0810. _____				XXX	XXX
0898. TOTALS (Items 0806 thru 0810)	-	-	-	xxx	xxx
Page NY 2					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 16 FOR OTHER THAN INVESTED ASSETS					
1606. _____				XXX	XXX
1607. _____				XXX	XXX
1608. _____				XXX	XXX
1609. _____				XXX	XXX
1610. _____				XXX	XXX
1698. TOTALS (Items 1606 thru 1610)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 10 FOR OTHER LIABILITIES					
1006. _____				XXX	XXX
1007. _____				XXX	XXX
1008. _____				XXX	XXX
1009. _____				XXX	XXX
1010. _____				XXX	XXX
1098. TOTALS (Items 1006 thru 1010)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR CURRENT LIABILITIES					
1506. _____				XXX	XXX
1507. _____				XXX	XXX
1508. _____				XXX	XXX
1509. _____				XXX	XXX
1510. _____				XXX	XXX
1598. TOTALS (Items 1506 thru 1510)	-	-	-	xxx	xxx
Page NY 3					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 17 FOR SPECIAL SURPLUS FUNDS					
1706. _____				XXX	XXX
1707. _____				XXX	XXX
1708. _____				XXX	XXX
1709. _____				XXX	XXX
1710. _____				XXX	XXX
1798. TOTALS (Items 1706 thru 1710)	-	-	-	xxx	xxx
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 4 FOR OTHER HEALTH CARE RELATED REVENUES					
0406. _____				-	-
0407. _____				-	-
0408. _____				-	-
0409. _____				-	-
0410. _____				-	-
0498. TOTALS (Items 0406 thru 0410)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 13 FOR OTHER HOSPITAL AND MEDICAL					
1306. _____				-	-
1307. _____				-	-
1308. _____				-	-
1309. _____				-	-
1310. _____				-	-
1398. TOTALS (Items 1306 thru 1310)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 15 FOR OTHER EXPENSES					
1506. _____				-	-
1507. _____				-	-
1508. _____				-	-
1509. _____				-	-
1510. _____				-	-
1598. TOTALS (Items 1506 thru 1510)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 20.8 FOR OTHER ADMINISTRATIVE EXPENSES					
20.806. _____				-	-
20.807. _____				-	-
20.808. _____				-	-
20.809. _____				-	-
20.810. _____				-	-
20.898. TOTALS (Items 20.806 thru 20.810)	-	-	-	-	-
Page NY 4					
DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT					
ITEM 27 FOR OTHER INCOME OR EXPENSES					
2706. _____				-	-
2707. _____				-	-
2708. _____				-	-
2709. _____				-	-
2710. _____				-	-
2798. TOTALS (Items 2706 thru 2710)	-	-	-	-	-

* As reported on Prior Year End filed Annual Statement.

OVERFLOW PAGE FOR WRITE-INS

	Current Quarter	Previous Year*
	1	3
	Total	Total
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 46 FOR CHANGES IN OTHER NET WORTH ITEMS		
4606. _____		
4607. _____		
4608. _____		
4609. _____		
4610. _____		
4698. TOTALS (Items 4606 thru 4610)		
Page NY5 DETAILS OF ADDITIONAL WRITE-INS AGGREGATED AT ITEM 47 FOR GAINS OR (LOSSES) IN SURPLUS		
4706. _____		
4707. _____		
4708. _____		
4709. _____		
4710. _____		
4798. TOTALS (Items 4706 thru 4710)		

* As reported on Prior Year End filed Annual Statement.