



## 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."*

### Executive Committee Agenda

May 5, 2021 - 3:30 p.m.  
Ithaca Town Hall/Zoom

- 1) Call to Order (3:30)
- 2) Changes to the Agenda
- 3) Approval of Minutes: March 3, 2021
- 4) Chair's Report J. Drake
  - a. Discussion to support strategic planning process
- 5) Executive Director's Report E. Dowd
  - a. Executive Director Report
  - b. PBM RFP Update
  - c. Staffing Update
  1. **Resolution**: Ratify Appointment of Finance Manager
  - d. 2022 Budget Approval Process
- 6) Committee Reports/Resolutions:
  - a. Audit and Finance M. Cook
  - b. Operations L. Holmes
  - c. Joint Committee on Plan Structure and Design J. Bower
  - d. Nominations and Engagement E. Fairbrother
  - e. Claims and Appeals B. Shattuck
- 7) Financial Update (4:30) S. Locey/R. Snyder
  - a. Financial Review
  - b. Report on large loss claim activity
  - c. Accounts Receivable
  - d. Expenditure Report
- 8) Future Agenda Topics:
  - a. June – Update on 2021 Goals and Objectives
- 9) Adjournment (5:00)

**Next Meeting: July 7, 2021**

**Executive Committee  
Minutes – DRAFT  
March 3, 2021 – 3:30 p.m.  
Via Zoom**

Members: Judy Drake, Peter Salton, Steve Thayer, Rordan Hart, Lisa Holmes, Ed Fairbrother; Gary Mutchler, Chris Wagner, Bud Shattuck, Mack Cook; Jim Bower, Joint Committee on Plan Structure and Design Chair

Guests: Steve Locey, Rob Spenard, Locey & Cahill; Don Barber, Consultant; Rick Snyder, Treasurer; Directors: Don Fischer, Amanda Anderson, Stephanie Redmond; Miles McCarty

Staff: Elin Dowd, Executive Director; Michelle Cocco, Clerk of the Board

**Call to Order**

Ms. Drake, Chair, called the meeting to order at 3:33 p.m.

**Changes to the Agenda**

There were no changes to the agenda.

**Approval of Minutes of January 13, 2021**

It was MOVED by Ms. Holmes, seconded by Mr. Mutchler, and unanimously adopted by voice vote by members present, to approve the minutes of January 13, 2021 as submitted. MINUTES APPROVED.

**Chair's Report**

Ms. Dowd thanked staff and Mr. Barber for their work in transitioning new members into the Consortium in 2021 and said work continues each year to make the process run smoother. She reported at this time there are only four Directors who have not returned the Code of Ethics acknowledgment due to a new process that was put into place. She encouraged members to visit the website and noted that resolutions approved by the Executive Committee can be found on actions sections of the Board of Directors webpage.

**Executive Director Report**

Ms. Dowd provided a written report in advance but called attention to an observation made by Mr. Locey at the Audit and Finance Committee about trending, particularly in relation to the movement of contracts by Tompkins County subscribers to the Medicare Supplement as those contracts had to be split because there can't be a Medicare Supplement family plan. She said this is something we should be looking at to understand how demographics are trending.

She said the Audit and Finance Committee has asked that a discussion of revisions to the Premium Payment Policy be brought to this Committee and asked that discussion of the one member that has been delinquent be separate from discussion of the policy. She also suggested deferring discussion of the one member until the next Committee meeting when more information will be known about the State Budget and whether there will be any impacts on the member from that.

Ms. Dowd reported on the status of the Request for Proposals for the Prescription Benefit Manager and said there has been a slight delay as the Consortium is establishing its own Bidnet account and training is being scheduled.

Mr. Snyder spoke of the double copay issue Ms. Dowd referenced in her written report and asked for guidance on this. Ms. Dowd said she is working on this with Excellus and commented that there have been situations that have been incorrectly billed in the past; however, there are situations where there are double copays and will continue to be so. She stated that it will be up to Cayuga Medical Center to rectify certain situations and provide remediation; however, Excellus can be asked to follow-up on individual situations. She asked Mr. Snyder to send specific information on a matter he referenced.

Mr. Snyder spoke of TC3 and said they will be providing Tompkins County's Budget, Capital, and Personnel Committee with a financial update on March 8<sup>th</sup>.

Staffing Update

Ms. Dowd reported on the process for recruitment and hiring for the position of Finance Manager and she is hopeful an offer will be made shortly. There will be a very long transition process and will work closely with Tompkins County Finance. Ms. Drake said Ms. Dowd will make the appointment and this Committee will ratify the appointment at the next meeting.

**RESOLUTION NO. 002 - 2021 – AUTHORIZING EXTENSION OF OFFICE SPACE LEASE AGREEMENT WITH THE TOWN OF ITHACA**

MOVED by Mr. Wagner, seconded by Ms. Holmes, and unanimously adopted by voice vote. It was noted that this lease includes additional space to accommodate the increase in Consortium staff.

WHEREAS, in 2019 the Executive Committee negotiated a lease agreement with The Town of Ithaca for office space, and

WHEREAS, the Consortium's legal counsel reviewed and approved the language contained in the lease agreement, and

WHEREAS, the lease agreement includes additional space to accommodate the Consortium's additional personnel needs, and

WHEREAS, the term of the lease is for one year with the ability to extend annually with all utilities being the responsibility of the landlord, now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee authorizes the Executive Director to sign said lease agreement dated March 4, 2021 with the Town of Ithaca for office space for the period April 1, 2021 thru March 31, 2022.

\* \* \* \* \*

**RESOLUTION NO. 003- 2021 – ADOPTION OF CONSORTIUM BUDGET AMENDMENT POLICY**

MOVED by Mr. Fairbrother, seconded by Mr. Thayer, and unanimously adopted by voice vote. Ms. Dowd said this resolution reflects input received following discussion that took place at the Audit and Finance Committee meeting.

WHEREAS, in accordance with Resolution No. 15 of 2020 – Adoption of Budget Guidelines and the Executive Committee Bylaws, the Executive Director creates a preliminary budget for presentation and approval at the Board of Directors Annual Meeting, and

WHEREAS, each year additional budget information becomes available after the budget has been adopted at the Annual Meeting and before the new fiscal year begins that may reflect changes in projected claims, fees and taxes, funding of services provided by contractors and third-party administrators, maintenance of all reserves, including those required by statute, purchase and maintenance of stop-loss insurance, and changes in projected revenue which are of such importance to merit amending the adopted budget, and

WHEREAS, an Amended Budget will be created early in the new fiscal year to reflect these changes and will be prepared monthly for performance against the Adopted budget, and

WHEREAS, other organizational and purchasing decisions made during a fiscal year, in accordance with the adopted Procurement Policy, may affect budgeted expenses or revenues in such a manner to require amending the operating budget throughout the year, and

WHEREAS, other reclassifications or intra-fund transfers may be needed to budgeted line items throughout the fiscal year, now therefore be it

RESOLVED, on recommendation of the Operations and Audit and Finance Committees, That the following Budget Amendment Process be adopted by the Executive Committee:

- A. **End of previous year or subsequent year budget changes** resulting from the addition of projected claims, fees and taxes, funding of services provided by contractors and third-party administrators, maintenance of all reserves, including those required by statute, purchase and maintenance of stop-loss insurance, and changes in projected revenue shall be presented and recommended by the Audit and Finance Committee and approved by and Executive Committee as the Amended Budget.
- B. **Midyear budget adjustments, for extra budgetary** expenditures for discretionary expenses or unexpected expenses not accounted for in the Adopted or Amended budget resulting from organizational decisions may be made during the fiscal year in accordance with established policies.
- C. **Reclassification or Intra-Fund Transfers may happen throughout the fiscal year when the Executive Director** determines that all of the funds in one budget line will not be spent as previously approved or allocated during the current fiscal year and the funds may be transferred to another budget line resulting in no net change in expense or revenue. Should this transfer not trigger the approval process of the Consortium's policies established, these changes can be made independently and reported out to the Audit and Finance Committee at its next meeting.

Should the approvals from Audit and Finance Committee and/or Executive Committee be required under the Consortium's current policies, these reclassifications or intra-fund transfers will be noted in the approval resolution and, if approved, be documented in the Amended budget, and

RESOLVED, further, That the Amended Budget will be prepared monthly along with a comparison against the Adopted budget and when any changes are approved by the Executive Committee they shall be circulated to the entire Board of Directors.

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### **Discussion of Premium Payment Policy**

Ms. Dowd said there currently is a practice whereby when a participant is late paying its premium payment that a one percent charge is added each month they are in arrears; this is outlined in the Consortium's Municipal Cooperative Agreement (MCA). The MCA also outlines a process for expulsion of a participant and this has now been included in the Premium Payment Policy. She said a suggestion was offered that the Consortium look at the late fee and rather than charging just a one percent fee, that it be increased by up to three percent in the third month with consideration of whether to compound that interest. The Audit and Finance Committee is continuing to look at that and if recommended it would require a change to the MCA. Ms. Dowd said questions have also been raised as to what the consequences there would be for a member that continued to be in arrears, noting that one of the areas that is not clearly defined is "someone that threatens the financial well-being or the legal validity of the Consortium".

Ms. Dowd the Audit and Finance Committee did not take action and is seeking feedback from the Executive Committee as this policy is considered. Mr. Salton said in general he believes there needs to be an aging and accounts receivable policy in place.

### **Report from the Audit and Finance Committee**

Mr. Cook, Chair, reported the Committee has been working on an premium payment policy and said he will provide the Committee with an example of compounding versus not compounding interest. Mr. Snyder said at this time the Consortium charges a one percent interest fee each month and it is not compounded; he offered to work with Mr. Cook to provide examples to the Committee.

### **Report from the Operations Committee**

Ms. Holmes, Chair, reported the Committee last met on January 25<sup>th</sup> and the main action at that meeting was the adoption of the Cyber Security audit that was conducted by Tompkins County Information Technology Services. Also, the Committee will be the ad hoc committee that will be undertaking the review of the Prescription Benefit Manager Request for Proposal responses.

### **Report from the Joint Committee on Plan Structure and Design**

Mr. Bower, Chair, reported the Committee heard a report at its last meeting about a diabetes pilot program with Cayuga Medical Center and said there was also discussion of possible future programs such as nutrition. The Committee also received an overview of information related to the ProAct Formulary. Mr. Bower said Laura Shawley was re-elected for another term as Vice Chair and at the next meeting in April there the Committee will vote on the election of a Chair for 2021. He reported Ian Tompkins will be replacing Tim Farrell on the Committee as the City of Ithaca's Blue Collar representative; Mr. Tompkins has also expressed interest in replacing Mr. Farrell as a labor representative on the Board of Directors. Mr. Bower said the Committee will be considering a revision to its bylaws at the next meeting to align them with the new governance structure of the Consortium.

Ms. Dowd spoke of information the Committee was provided information related to the ProAct Formulary and clarified that no changes to the Formulary are being recommended at this time. The purpose of having discussion at the Committee to ensure there is a good understanding as to why there would be consideration of changes to a formulary. She said it is likely that through the PBM (Prescriptions Benefit Manager) RFP process it will be brought up that savings can be achieved by switching the formulary so she would like there to be a good understanding of the impact would be of changing the formulary. She also noted that any changes would have to be collectively bargained.

### **Report from the Nominations and Engagement Committee**

Mr. Fairbrother, Chair, reported the Committee is in the process of planning for its first meeting of the year.

### **Report from the Claims and Appeals Committee**

Mr. Shattuck, Chair, reported the Committee will hold an organizational meeting on April 26<sup>th</sup>.

### **Financial Update**

Mr. Locey they are working on closing out 2020, finalizing annual statements, and getting information to the auditors. He reviewed financial results ending January 31, 2021 and said a few adjustments need to be made relative to premium and paid claims based on movement of contracts and benefit plans, as well as the additional covered lives that were brought in. He reported premium revenue is 2% below budget for 2021 due to movement of plans and changes in demographics; noting that the movement of members into Metal Level Plans from the traditional Indemnity and PPO plans continues to slightly lower premium revenue.

As also mentioned earlier in the meeting, Mr. Locey called attention to a slight disparity in the number of contracts versus covered lives as a result of the Medicare Supplement being an individual-based contract system. What has been seen to date in 2021 is that the contract count increased by 3.85%; however, the number of covered lives only grew by 1.26%. The issue with this is not necessarily that it impacts the Consortium's finances but those things that are being paid on a per contract per month basis such as the Excellus Admin. Fees and Stop Loss insurance increase. This is something that will need to be monitored to make sure third-party administrators are not getting an artificial raise when they are processing the same claims for the same people.

#### **Large Loss Report**

Mr. Locey referenced large loss information and noted for the last two years there has not been any claims that have been paid by Stop Loss; therefore, the decision made to build the Catastrophic Claims Reserve and move to the \$1 million policy was wise. He reviewed a self-insurance pool report that will be included in the information presented to the Committee going forward.

The accounts receivable and accounts payable reports were provided to the Committee; it was noted that no participant was beyond 30 days in arrears.

Mr. Snyder said he and his staff are working on the year end JURAT and expects work to be completed soon and provided to Bonadio shortly. The Insero field audit will begin on March 15<sup>th</sup>.

### **Next Meeting Agenda**

The following items will be included on the next agenda:

- Ratify appointment of Finance Manager
- Update on Prescription Drug Management Request for Proposals
- Premium Payment Policy
- Strategic Planning for Executive Committee/Board of Directors

**Executive Session**

It was MOVED by Mr. Salton, seconded by Mr. Shattuck, and unanimously adopted by voice vote by members present, to enter into executive session at 4:38 p.m. to discuss a personnel matter concerning a particular person. The meeting returned to open session at 5:28 p.m.

**Adjournment**

The meeting adjourned at 5:28 p.m.



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### **RESOLUTION NO. - 2021 – RATIFICATION OF PROVISIONAL APPOINTMENT OF FINANCE MANAGER – TERI APALOVICH**

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) created the Finance Manager position by Resolution No. 035 on December 17, 2020, and

WHEREAS, the Selection Committee has determined that Teri Apalovich possesses the necessary knowledge and skills to satisfactorily perform the duties of the Finance Manager position, and

WHEREAS, Teri Apalovich has been provisionally appointed by the GTCMHIC's Executive Director based on a full-time schedule of 40 hours per week, at an annual salary of \$70,000 effective March 29, 2021 with full time benefits, now therefore be it

RESOLVED, That the Executive Committee hereby ratifies the Executive Director's provisional appointment of Teri Apalovich as Finance Manager, effective March 29, 2021, pending results of the Civil Service exam for said position.

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# 2021 Fiscal Year Budget Performance Report As of March 31, 2021

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# Section 1

## 2021 Fiscal Year-to-Date Income Budget vs Actual Results

# 2021 Income Budget vs Actual (03/31/2021)

## Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2021 Budget Performance Analysis

Results as of: 3/31/2021

# of Months: 3

Includes Income Codes 6000 & 6010

|                                     | 2021<br>Adopted Budget | 2021<br>Revised Budget | 2021<br>Year-to-Date   | 2021<br>Actual Results | Variance            | % Difference |
|-------------------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|--------------|
| <b>Income</b>                       |                        |                        |                        |                        |                     |              |
| Medical and Rx Plan Premiums *      | \$55,875,290.81        | \$55,002,327.38        | \$13,750,581.85        | \$13,920,896.07        | \$170,314.22        | 1.24%        |
| 9020 Interest                       | \$45,534.44            | \$45,534.44            | \$11,383.61            | -\$5,161.24            | -\$16,544.85        | -145.34%     |
| 9010 Rx Rebates                     | \$1,400,000.00         | \$1,700,000.00         | \$0.00                 | \$0.00                 |                     |              |
| 9040 Stop-Loss Claim Reimbursements | \$0.00                 | \$0.00                 | \$0.00                 | \$0.00                 |                     |              |
| 9035 Finance Charge Income          | \$0.00                 | \$5,463.46             | \$1,365.87             | \$0.00                 | -\$1,365.87         | n/a          |
| 9030 Other                          | \$5,463.64             | \$0.00                 | \$0.00                 | \$0.00                 |                     |              |
| <b>Total Income</b>                 | <b>\$57,326,288.89</b> | <b>\$56,753,325.28</b> | <b>\$13,763,331.32</b> | <b>\$13,915,734.83</b> | <b>\$152,403.51</b> | <b>1.11%</b> |

### Key Facts:

1. Premium Income was 1.24% above budget for the first 3-months of the fiscal period. Based on our preliminary analysis, the following factors should have resulted in a lower than expected premium :
  - a. There has been some additional movement of covered members from traditional Indemnity and PPO Plans to the Consortium's Platinum PPO Plan. This movement results in a lower overall premium base, but also lowers claims costs.
  - b. The County of Tompkins moved all Medicare-aged retirees into the Consortium's Medicare Supplement Plan (MS4)

# 2021 Income Budget vs Actual (03/31/2021)

## Key Facts (continued):

- c. The number of contracts insured by the Consortium increased by 3.47% and the number of covered lives grew by only 1.20%. The disparity in this number is primarily due to the County's move to the Consortium's Medicare Supplement Plan for their Medicare-aged retirees and their spouses.

Monthly Average Covered Lives by Fiscal Year

| Year | Member | Spouse | Dependent | Total lives |
|------|--------|--------|-----------|-------------|
| 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 | 2,943  | 1,457  | 1,876     | 6,275       |
| 2021 | 3,045  | 1,425  | 1,881     | 6,350       |

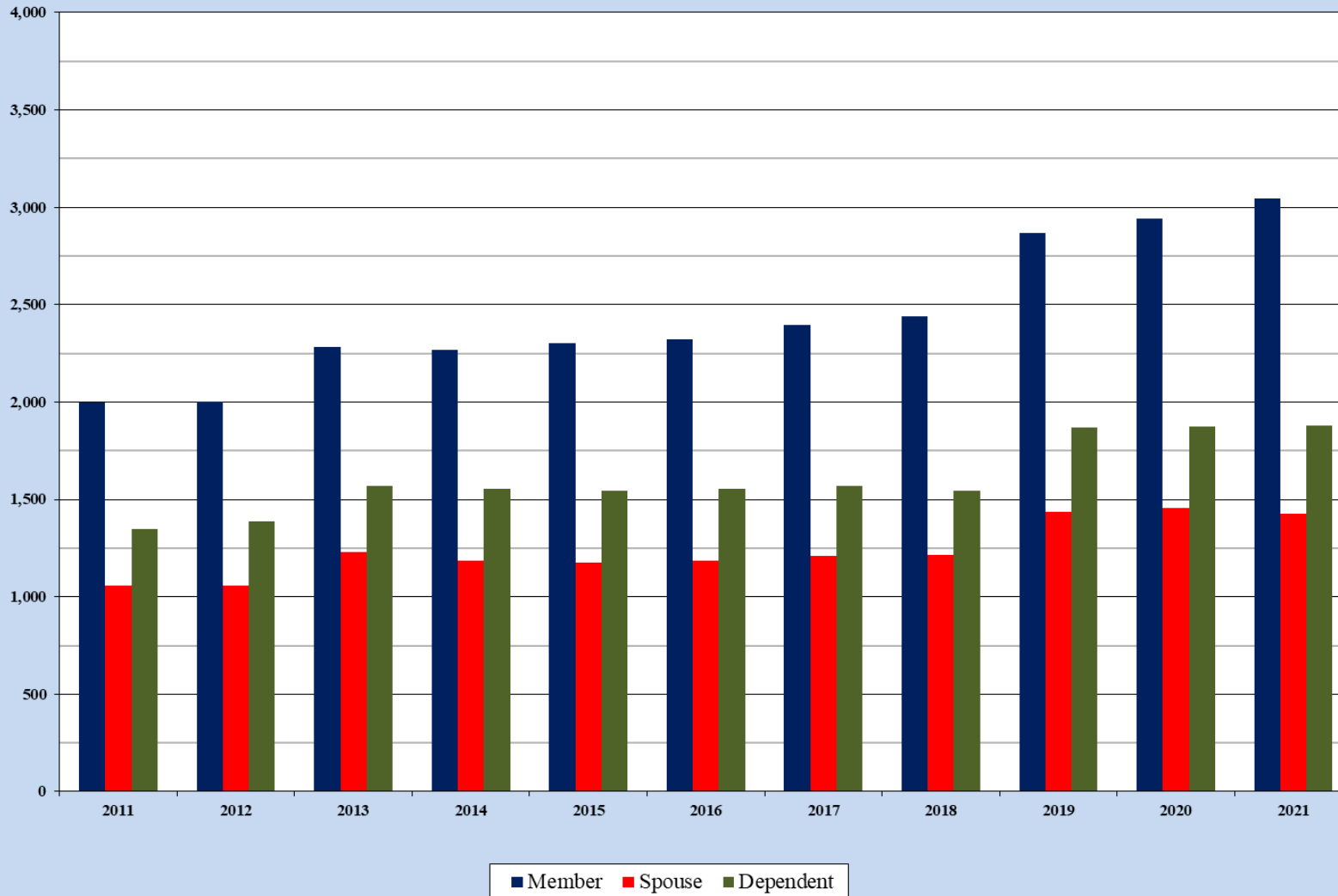
Monthly Average Contract Count by Fiscal Year

| Year | Family Contracts | Individual Contracts | Total Contracts | Avg. # of Lives Per Contract | Avg. # of Lives Per Family |
|------|------------------|----------------------|-----------------|------------------------------|----------------------------|
| 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 | 1,601            | 1,342                | 2,943           | 2.132                        | 3.082                      |
| 2021 | 1,567            | 1,478                | 3,045           | 2.085                        | 3.109                      |

\* Member = Employee, Retiree, or COBRA Contract Holder

# Greater Tompkins County Municipal Health Insurance Consortium

Average Monthly Covered Lives by Relationship  
2011 to 2021 (as of March 31, 2021)



# 2021 Income Budget vs Actual (03/31/2021)

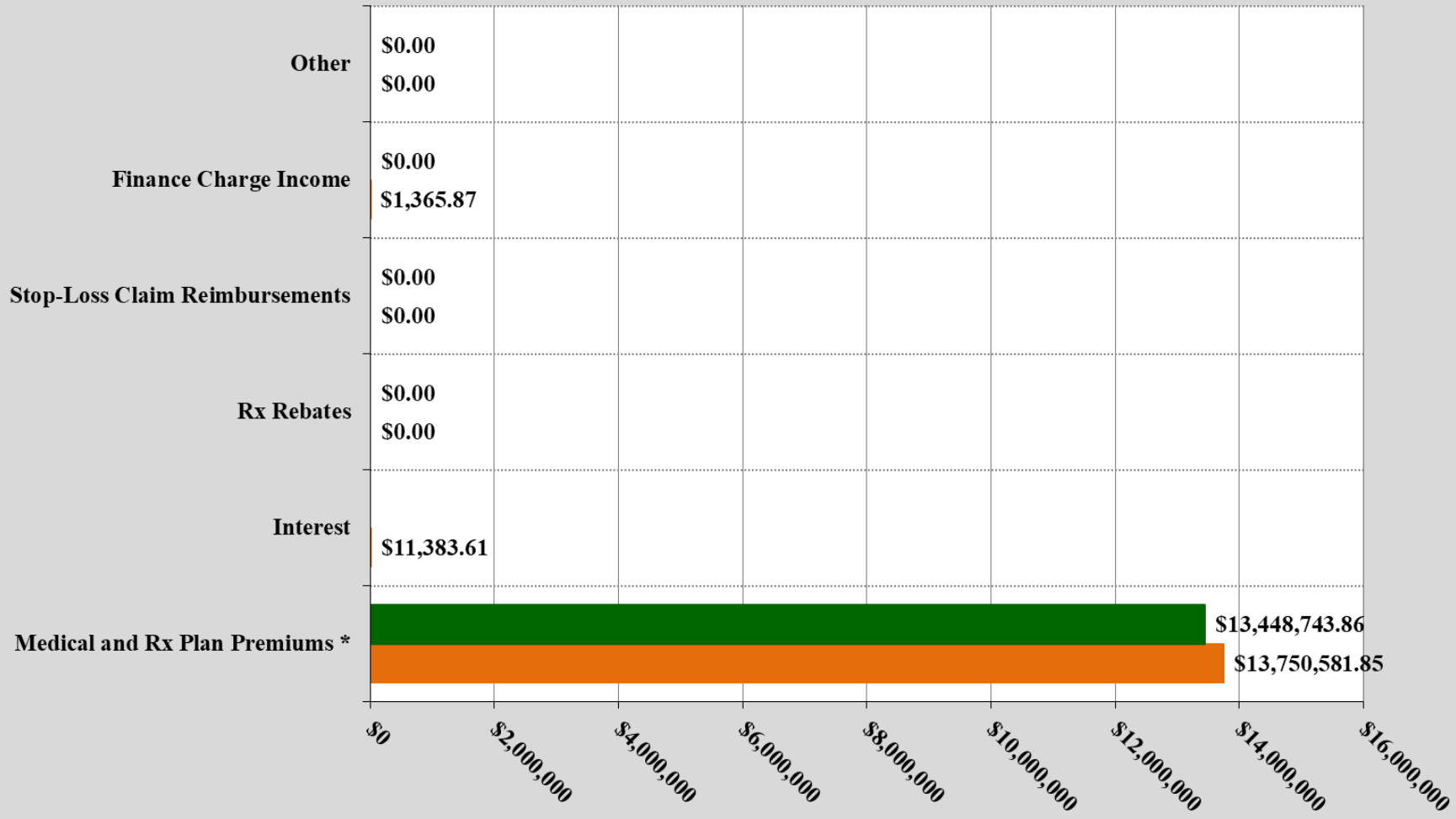
## Key Facts (continued):

2. Interest Income to date was recorded as a negative number which we believe was the result of interest income associated with the Catastrophic Claims Self-Insurance Pool being credit to that reserve fund. With interest rates falling dramatically during the COVID-19 pandemic the Consortium's budget was greatly reduced relative to expected interest earnings for the 2021 Fiscal Year.
3. There have not been any pharmaceutical manufacturer rebate payments received from ProAct, Inc. for the 2021 Fiscal Year as of this report. However, per ProAct, Inc., the Consortium was expected to receive a payment of \$515,127.53 in March which represents the 3<sup>rd</sup> Quarter Rebate Payment for the 2020 Plan Year.
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 was nothing recorded in Finance Charge Income and there were no receipts recorded in the "Other" income category as of March 31<sup>st</sup>. 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

## 2021 Income Distribution

January 1, 2021 to March 31, 2021

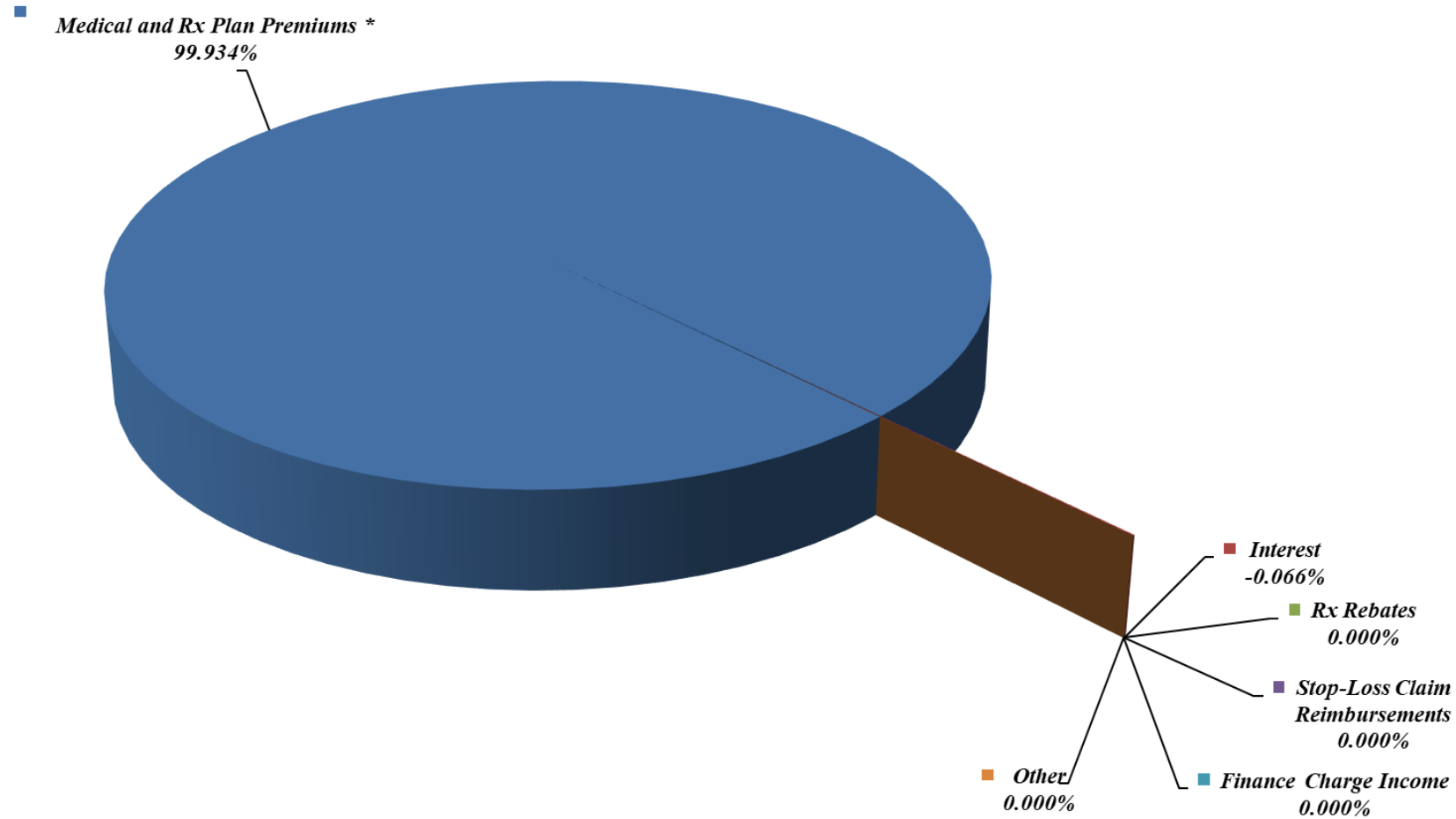


■ 2021 Actual Income   ■ 2021 Budgeted Amounts

# Greater Tompkins County Municipal Health Ins. Consortium

2021 Income Distribution

January 1, 2021 to March 31, 2021



■ Medical and Rx Plan Premiums \* ■ Interest ■ Rx Rebates ■ Stop-Loss Claim Reimbursements ■ Finance Charge Income ■ Other





# Section 2

## 2021 Fiscal Year-to-Date Expense Budget vs Actual Results

# 2021 Expense Budget vs Actual Results (03/31/2021)

Includes Expense Codes 8081, 8082, & 8083  
Balance Sheet Item 3500

|   | 2021<br>Adopted Budget | 2021<br>Revised Budget | 2021<br>Year-to-Date   | 2021<br>Actual Results | Variance               | % Difference   |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|----------------|
| <b>Expenses</b>                             |                        |                        |                        |                        |                        |                |
| 8090 Medical Paid Claims                    | \$39,058,334.44        | \$38,838,424.24        | \$9,709,606.06         | \$7,885,801.89         | -\$1,823,804.17        | -18.78%        |
| Advance Deposit / Pre-Paid Claims           | \$109,150.71           | \$109,150.71           | \$0.00                 | \$0.00                 |                        |                |
| 8120 Rx Paid Claims - ProAct                | \$15,355,131.00        | \$15,355,131.00        | \$3,838,782.75         | \$3,793,389.06         | -\$45,393.69           | -1.18%         |
| 8121 Rx Paid Claims - CanaRx                | \$150,108.45           | \$150,108.45           | \$37,527.11            | \$35,864.80            | -\$1,662.31            | -4.43%         |
| 8084 Flu Clinic Fees                        | \$15,000.00            | \$15,000.00            | \$3,750.00             | \$0.00                 | -\$3,750.00            | -100.00%       |
| 8050 Medical Admin Fees                     | \$1,440,535.40         | \$1,477,304.64         | \$369,326.16           | \$368,255.09           | -\$1,071.07            | -0.29%         |
| Rx Admin Fees                               | \$200,930.34           | \$200,930.34           | \$50,232.59            | \$53,429.90            | \$3,197.32             | 6.37%          |
| 8091 NYS Covered Lives Assessment           | \$373,317.01           | \$373,317.01           | \$93,329.25            | \$86,935.78            | -\$6,393.47            | -6.85%         |
| 9060 ACA PCORI Fee                          | \$17,987.06            | \$17,987.06            | \$0.00                 | \$0.00                 |                        |                |
| 8110 Specific Stop-Loss Insurance (Actual)  | \$302,450.00           | \$273,000.00           | \$68,250.00            | \$67,370.42            | -\$879.58              | -1.29%         |
| 8000 Accounting Fees                        | \$25,750.00            | \$25,750.00            | \$6,437.50             | \$9,800.00             | \$3,362.50             | 52.23%         |
| 8010 Actuarial Fees                         | \$53,045.00            | \$15,000.00            | \$3,750.00             | \$8,500.00             | \$4,750.00             | 126.67%        |
| 8020 Audit Fees (Financial)                 | \$13,390.00            | \$13,390.00            | \$3,347.50             | \$10,000.00            | \$6,652.50             | 198.73%        |
| 8021 Audit Fees (Claims)                    | \$41,200.00            | \$41,200.00            | \$10,300.00            | \$16,600.00            | \$6,300.00             | 61.17%         |
| 8055 Consultant Fees (Barber)               | \$25,000.00            | \$20,000.00            | \$5,000.00             | \$2,200.00             | -\$2,800.00            | -56.00%        |
| 8030 Consultant Fees (L&C)                  | \$90,176.50            | \$90,176.50            | \$22,544.13            | \$22,245.00            | -\$299.13              | -1.33%         |
| 8070 Legal Fees                             | \$12,360.00            | \$12,360.00            | \$3,090.00             | \$165.00               | -\$2,925.00            | -94.66%        |
| 8065 Wellness Program Costs                 | \$25,000.00            | \$25,000.00            | \$6,250.00             | \$1,077.89             | -\$5,172.11            | -82.75%        |
| 66001 Executive Director (Salary)           | \$94,760.00            | \$93,636.00            | \$23,409.00            | \$21,608.28            | -\$1,800.72            | -7.69%         |
| 66002 Fringe Benefits                       | \$67,980.00            | \$110,374.87           | \$27,593.72            | \$10,354.86            | -\$17,238.86           | -62.47%        |
| 66003 Clerk of the Board (Salary)           | \$37,080.00            | \$72,134.40            | \$18,033.60            | \$16,394.97            | -\$1,638.63            | -9.09%         |
| 66004 Admin/Comp Asst (Salary)              | \$52,530.00            | \$0.00                 | \$0.00                 | \$0.00                 |                        |                |
| 66005 Benefits Specialist (Salary)          | \$41,250.00            | \$43,680.00            | \$10,920.00            | \$0.00                 |                        |                |
| 66006 Finance Director (Salary)             | \$0.00                 | \$73,000.00            | \$18,250.00            | \$0.00                 |                        |                |
| 8060 Insurances (D&O / Prof. Liability)     | \$48,070.00            | \$50,850.00            | \$12,712.50            | \$12,646.99            | -\$65.51               | -0.52%         |
| 8041 Internal Coordination (Finance)        | \$80,000.00            | \$68,660.00            | \$17,165.00            | \$17,679.59            | \$514.59               | 3.00%          |
| 8042 Internal Coordination (Support)        | \$0.00                 | \$0.00                 | \$0.00                 | \$0.00                 |                        |                |
| 8040 Internal Coordination Fees (Other)     | \$0.00                 | \$0.00                 | \$0.00                 | \$0.00                 |                        |                |
| 8045 Internal Coordination (Town of Ithaca) | \$7,210.00             | \$7,210.00             | \$1,802.50             | \$1,500.00             | -\$302.50              | -16.78%        |
| 8044 Internal Coordination (IT Support)     | \$11,845.00            | \$11,845.00            | \$2,961.25             | \$6,295.00             | \$3,333.75             | 112.58%        |
| 9065 Marketing Expenses                     | \$2,500.00             | \$2,500.00             | \$625.00               | \$0.00                 | -\$625.00              | -100.00%       |
| 9055 Investment Management Services         | \$26,780.00            | \$14,000.00            | \$3,500.00             | \$3,631.89             | \$131.89               | 3.77%          |
| 8150 Supplies Expense                       | \$2,500.00             | \$2,500.00             | \$625.00               | \$0.00                 | -\$625.00              | -100.00%       |
| 8151 Computer Equipment                     | \$5,150.00             | \$5,150.00             | \$1,287.50             | \$0.00                 | -\$1,287.50            | -100.00%       |
| 8152 Lease Expense / Parking Fees           | \$9,500.00             | \$9,500.00             | \$2,375.00             | \$1,504.95             | -\$870.05              | -36.63%        |
| 8153 Mileage- Travel Expenses               | \$1,000.00             | \$1,000.00             | \$250.00               | \$0.00                 | -\$250.00              | -100.00%       |
| 9060 Other Expenses / Supplies              | \$10,927.27            | \$10,927.27            | \$2,731.82             | \$2,880.60             | \$148.78               | 5.45%          |
| <b>Total Expenses</b>                       | <b>\$57,807,948.19</b> | <b>\$57,630,197.49</b> | <b>\$14,375,764.93</b> | <b>\$12,456,131.96</b> | <b>-\$1,919,632.97</b> | <b>-13.35%</b> |

# 2021 Expense Budget vs Actual Results (03/31/2021)

|                                | <i>2021<br/>Adopted Budget</i> | <i>2021<br/>Revised Budget</i> | <i>2021<br/>Year-to-Date</i> | <i>2021<br/>Actual Results</i> | <i>Variance</i>        | <i>% Difference</i> |
|--------------------------------|--------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------|---------------------|
| <b>Expenses</b>                |                                |                                |                              |                                |                        |                     |
| <b>Paid Claims</b>             | \$54,687,724.60                | \$54,467,814.40                | \$13,589,665.92              | \$11,715,055.75                | -\$1,874,610.17        | -13.79%             |
| <b>Claims Admin. Fees</b>      | \$1,641,465.74                 | \$1,678,234.98                 | \$419,558.75                 | \$421,684.99                   | \$2,126.25             | 0.51%               |
| <b>Stop-Loss</b>               | \$302,450.00                   | \$273,000.00                   | \$68,250.00                  | \$67,370.42                    | -\$879.58              | -1.29%              |
| <b>Taxes and Fees</b>          | \$391,304.07                   | \$391,304.07                   | \$93,329.25                  | \$86,935.78                    | -\$6,393.47            | -6.85%              |
| <b>Professional Services</b>   | \$285,921.50                   | \$242,876.50                   | \$60,719.13                  | \$70,587.89                    | \$9,868.77             | 16.25%              |
| <b>Insurance/Internal Fees</b> | \$499,082.27                   | \$576,967.54                   | \$144,241.89                 | \$94,497.13                    | -\$49,744.76           | -34.49%             |
| <b>Total Expenses</b>          | <b>\$57,807,948.19</b>         | <b>\$57,630,197.49</b>         | <b>\$14,375,764.93</b>       | <b>\$12,456,131.96</b>         | <b>-\$1,919,632.97</b> | <b>-13.35%</b>      |
| <b>Net Income</b>              | <b>-\$481,659.30</b>           | <b>-\$876,872.21</b>           | <b>-\$612,433.61</b>         | <b>\$983,703.25</b>            | <b>\$1,596,136.86</b>  |                     |

The above provides an “easier to read” summary version of the expense data for the Consortium through March 31, 2021. As you will note, the paid claims which collectively include medical, prescription drug, CanaRx, Flu Clinic and any pre-paid claims account for 94.05% of the total expenses of the Consortium through the first 3-months of 2021. We show the overall paid claims to be 13.80% below budget for the 2021 Fiscal Year-to-Date.

# 2021 Expense Budget vs Actual Results (03/31/2021)

## Key Facts:

1. Over the past several months, we have worked with the Consortium's Executive Director and Financial Team to allocate budgeted funds into their correct expense line-item based on their code. This was done to provide a more detailed and accurate summary of the internal and external professional support costs. In addition, we updated some of the budget numbers based on the addition of new members and changes in enrollment by existing members.
2. Being only three months into the fiscal period many of the expense items are well below budget. Some items are an annual expense and have not been billed to the Consortium. 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, we do not anticipate their paid claims being mature until the 3<sup>rd</sup> month or so as the "run-out" claims (claims incurred on or before December 31, 2020) are the responsibility of their prior insurance carrier.

# 2021 Expense Budget vs Actual Results (03/31/2021)

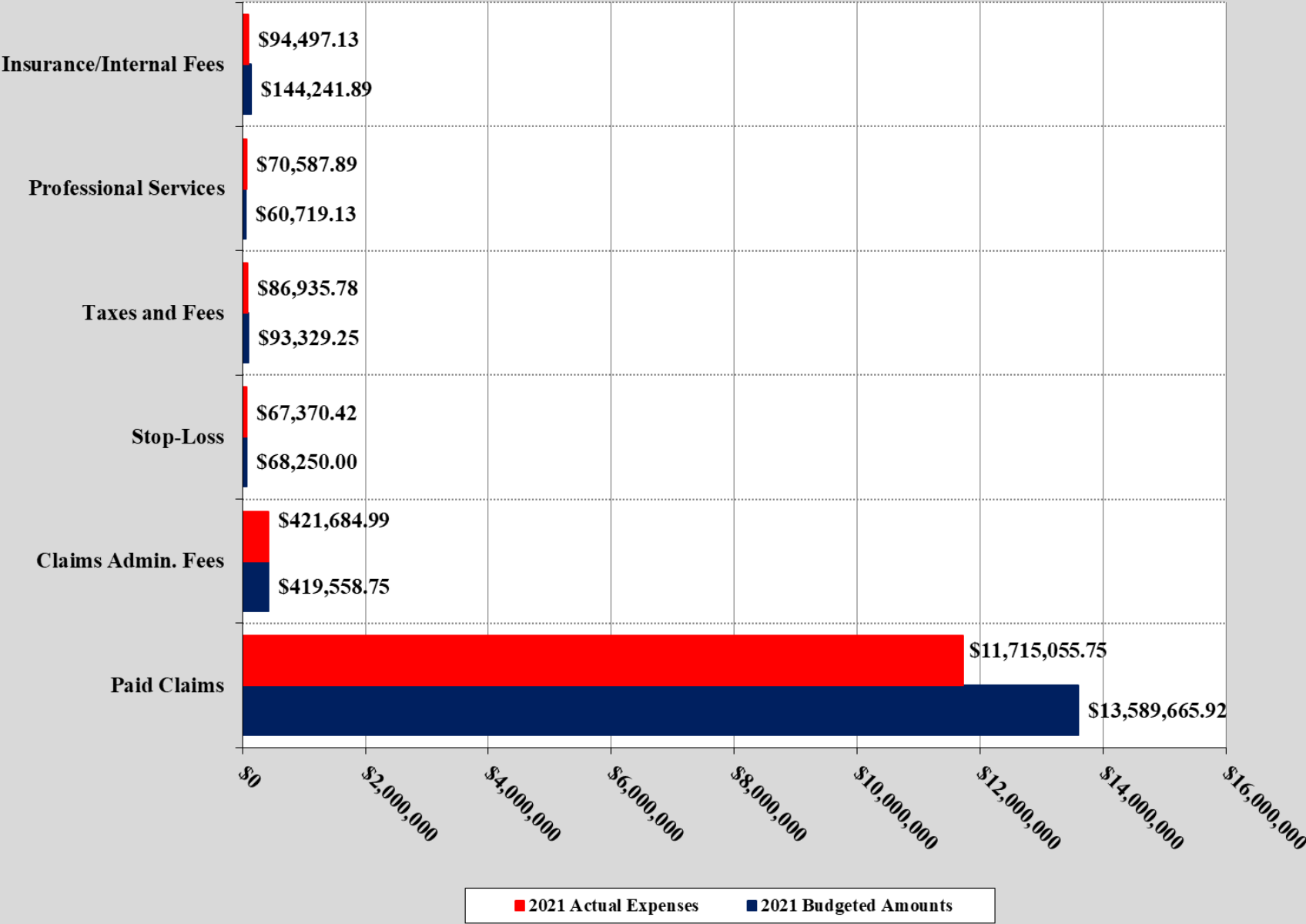
## Key Facts:

5. Medical Paid Claims in the first 3-months were **18.78% below the projected budget** for the year and this is the result of:
  - a) An increase in the covered lives ( $\uparrow 1.20\%$ ) and in the number of contracts ( $\uparrow 3.47\%$ ) skews the early 2021 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) A substantial decrease in elective and/or minor medical procedures being performed as a result of the impact of the COVID-19 pandemic on the medical community.
6. Rx Paid Claims were **1.18% below budget** for the first 3-months of the 2021 Fiscal Year. As we stated last year, we were keeping a close eye on the pharmacy paid claims trend which led to adjustments to our trend models during the budget development process for the 2021 Fiscal Year. It should be noted that based on our analysis, the recent pandemic did not substantively change the cost of pharmaceutical claims and therefore we do not believe any prior deviation from the trend was related to COVID-19.

**Greater Tompkins County Municipal Health Ins. Consortium**

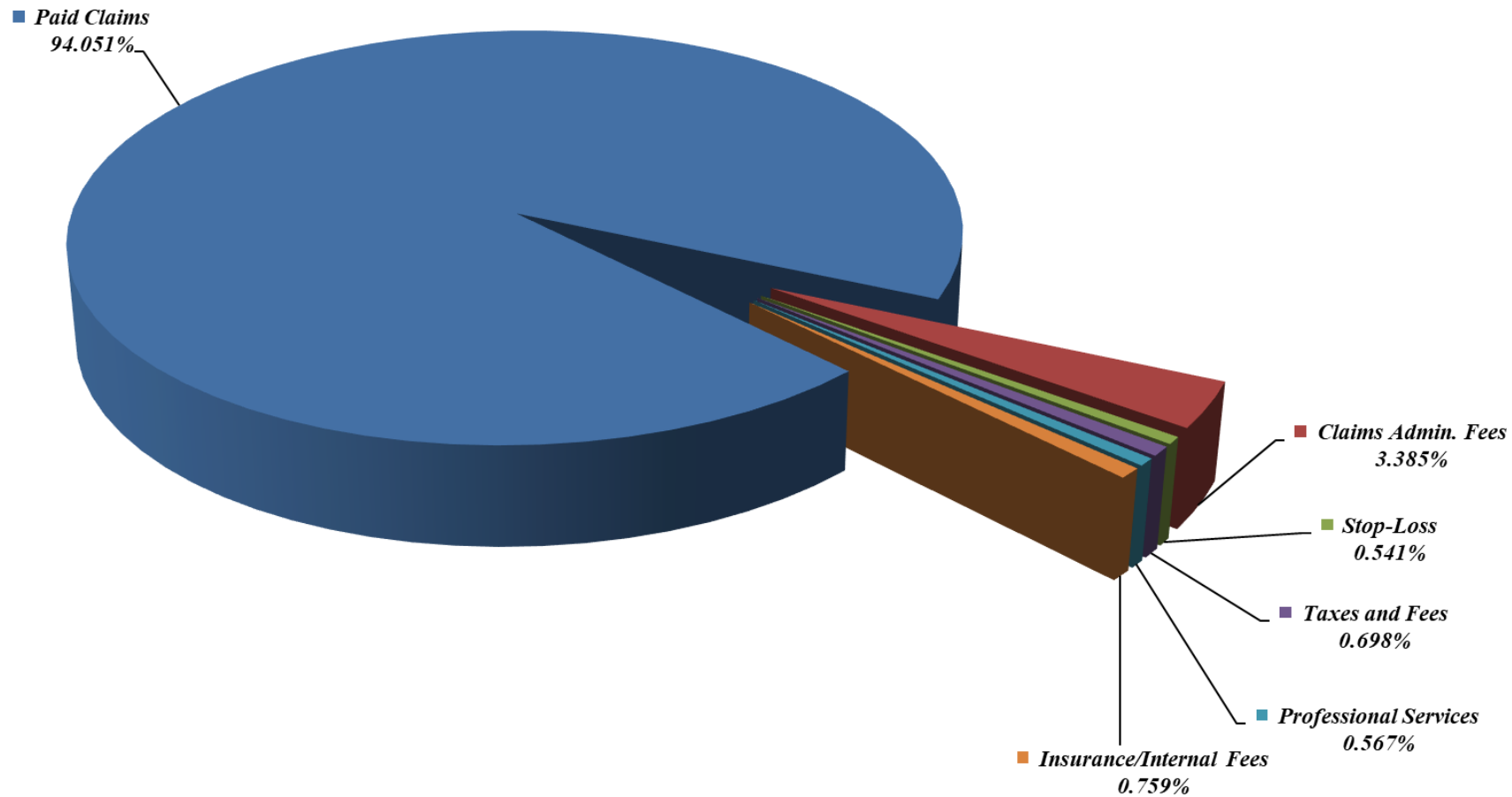
**2021 Expense Distribution**

January 1, 2021 to March 31, 2021



# Greater Tompkins County Municipal Health Ins. Consortium

2021 Expense Distribution  
January 1, 2021 to March 31, 2021



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



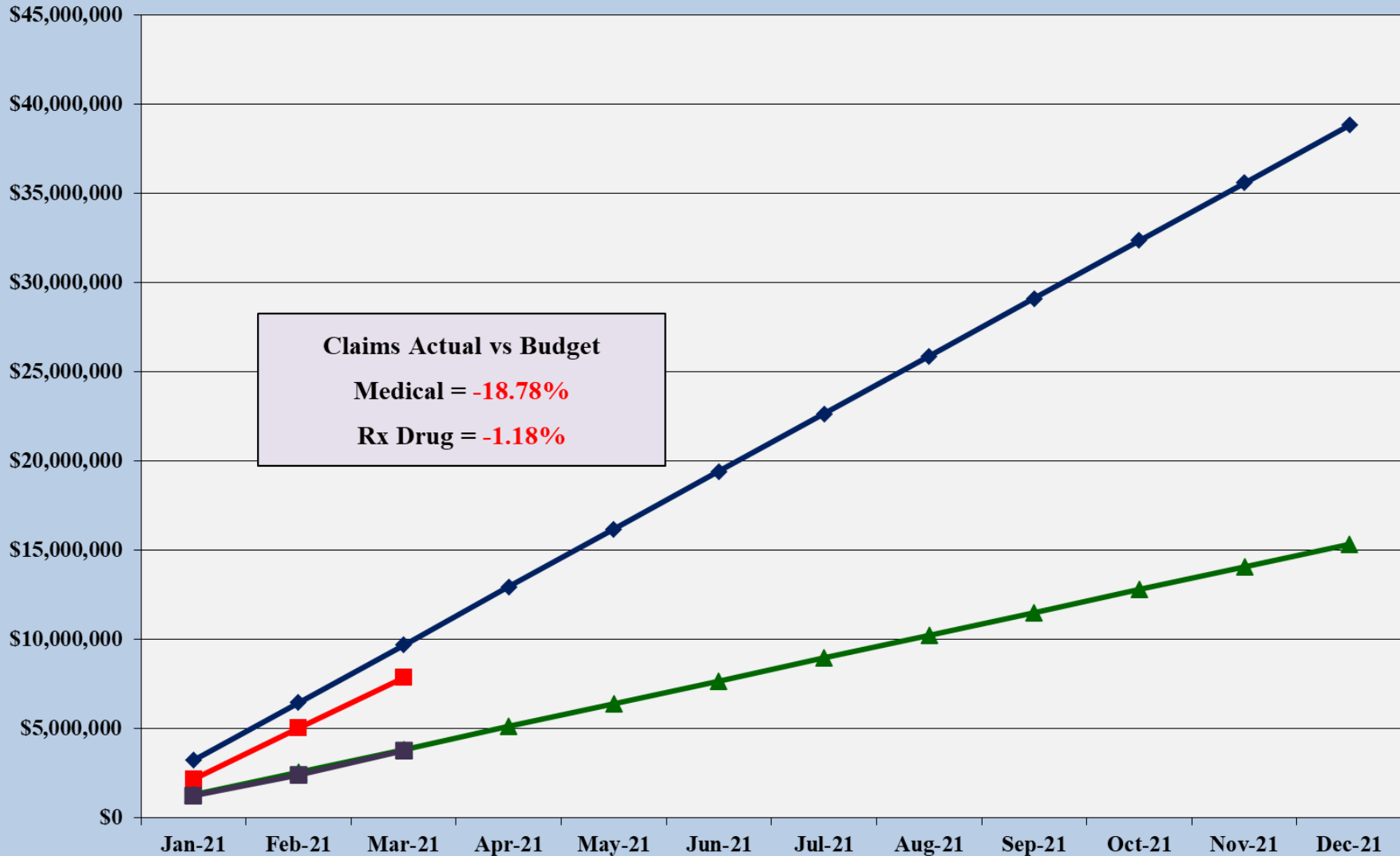
# Section 3

## 2021 Fiscal Year-to-Date Paid Claims Budget vs Actual Results



# Greater Tompkins County Municipal Health Insurance Consortium

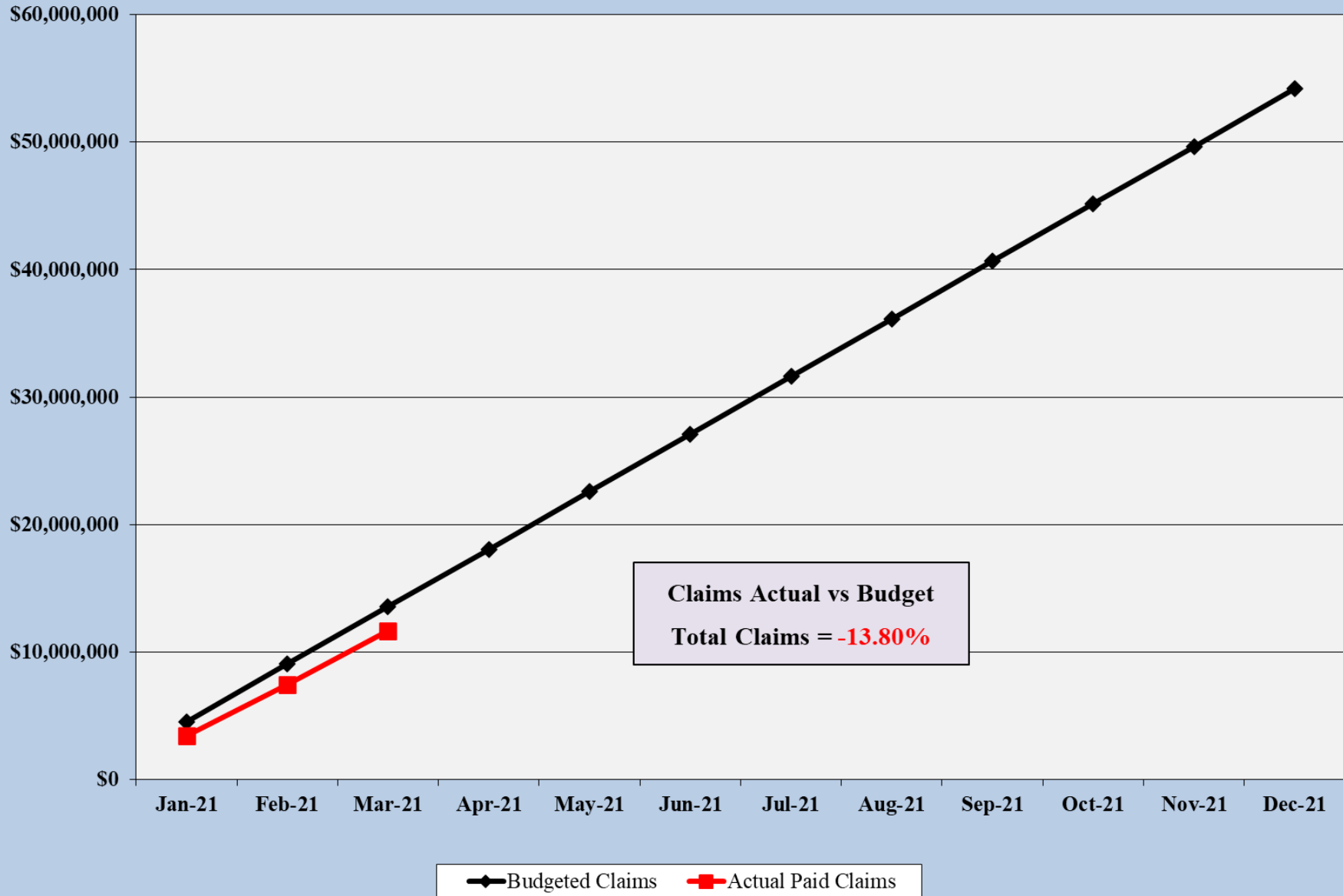
## 2021 Cumulative Paid Claims and Budgeted Claims by Month



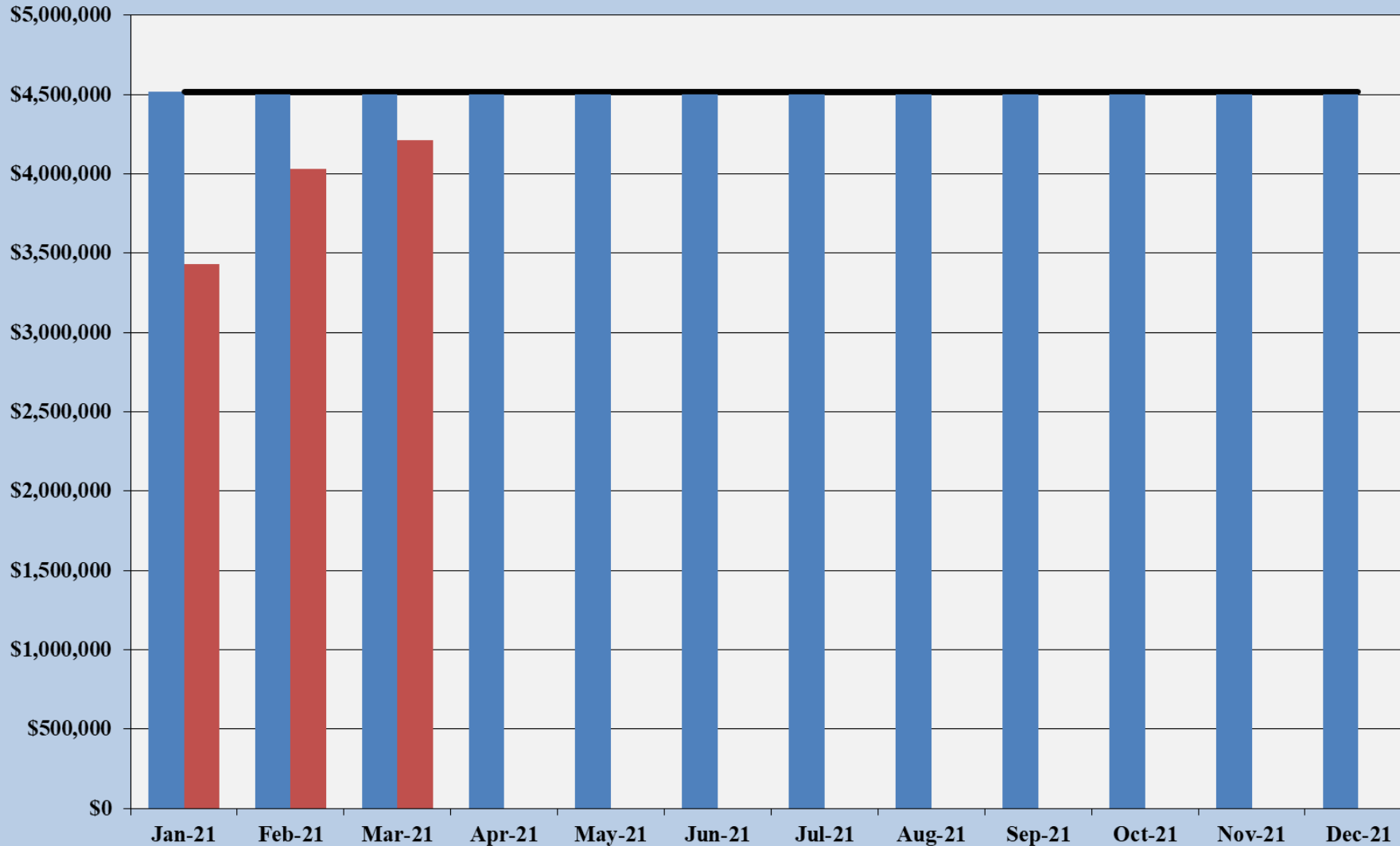
◆ Medical Plan Budgeted Claims  
 ■ Medical Plan Actual Paid Claims  
 ▲ Rx Plan Budgeted Claims  
 ■ Rx Paid Claims

# Greater Tompkins County Municipal Health Insurance Consortium

## 2021 Cumulative Paid Claims and Budgeted Claims by Month



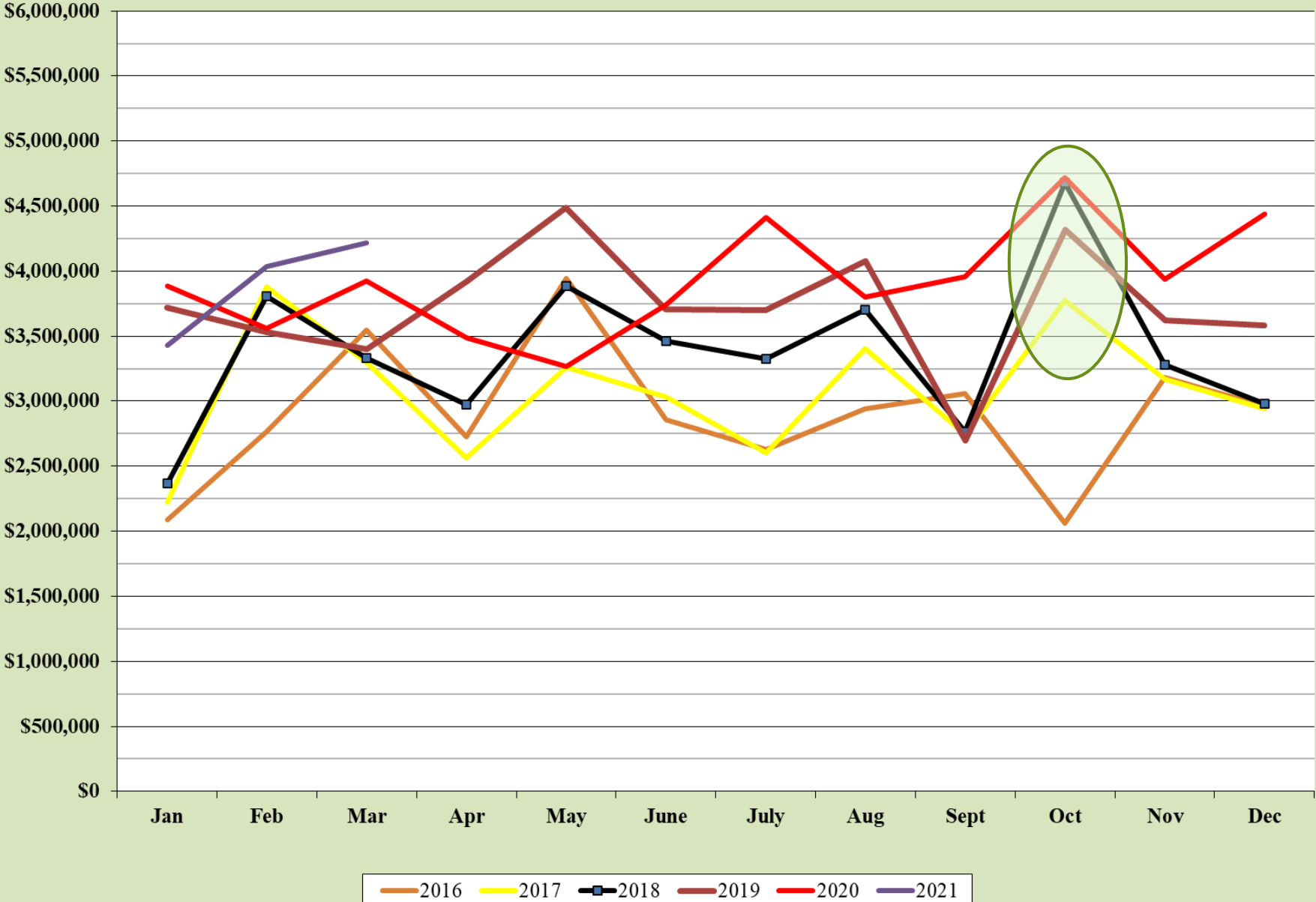
*Greater Tompkins County Municipal  
Health Insurance Consortium*  
2021 Budgeted vs Actual Paid Claims by Month



Legend: Budgeted Claims (blue bar), Actual Paid Claims (red bar), Linear (Budgeted Claims) (black line)

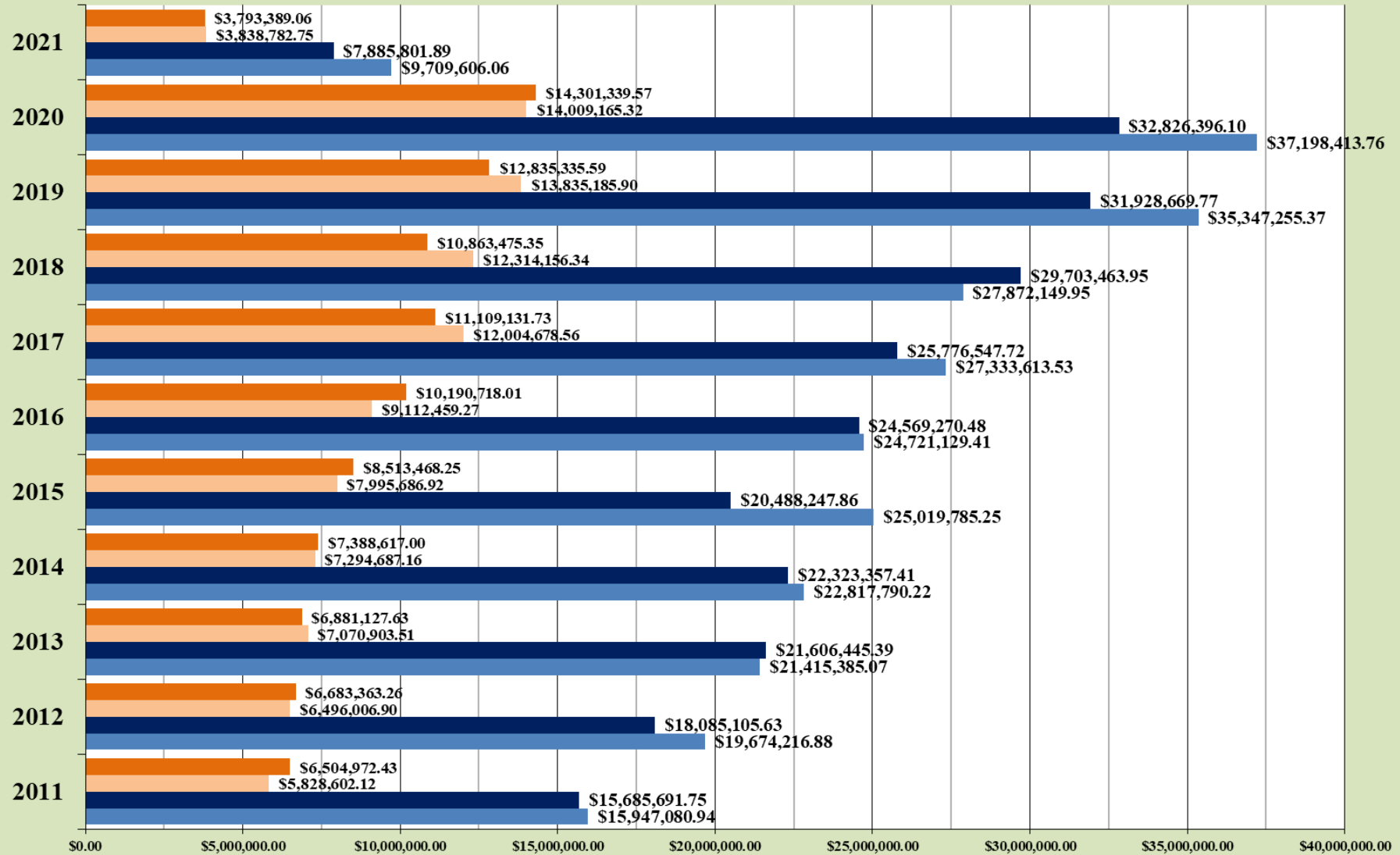
# Greater Tompkins County Municipal Health Ins Consortium

## 2016-2021 Monthly Paid Claims by Fiscal Year



# Greater Tompkins County Municipal Health Ins Consortium

## 2011-2021 (as of 03/31/2021) Annual Paid Claims v Budgeted Claims

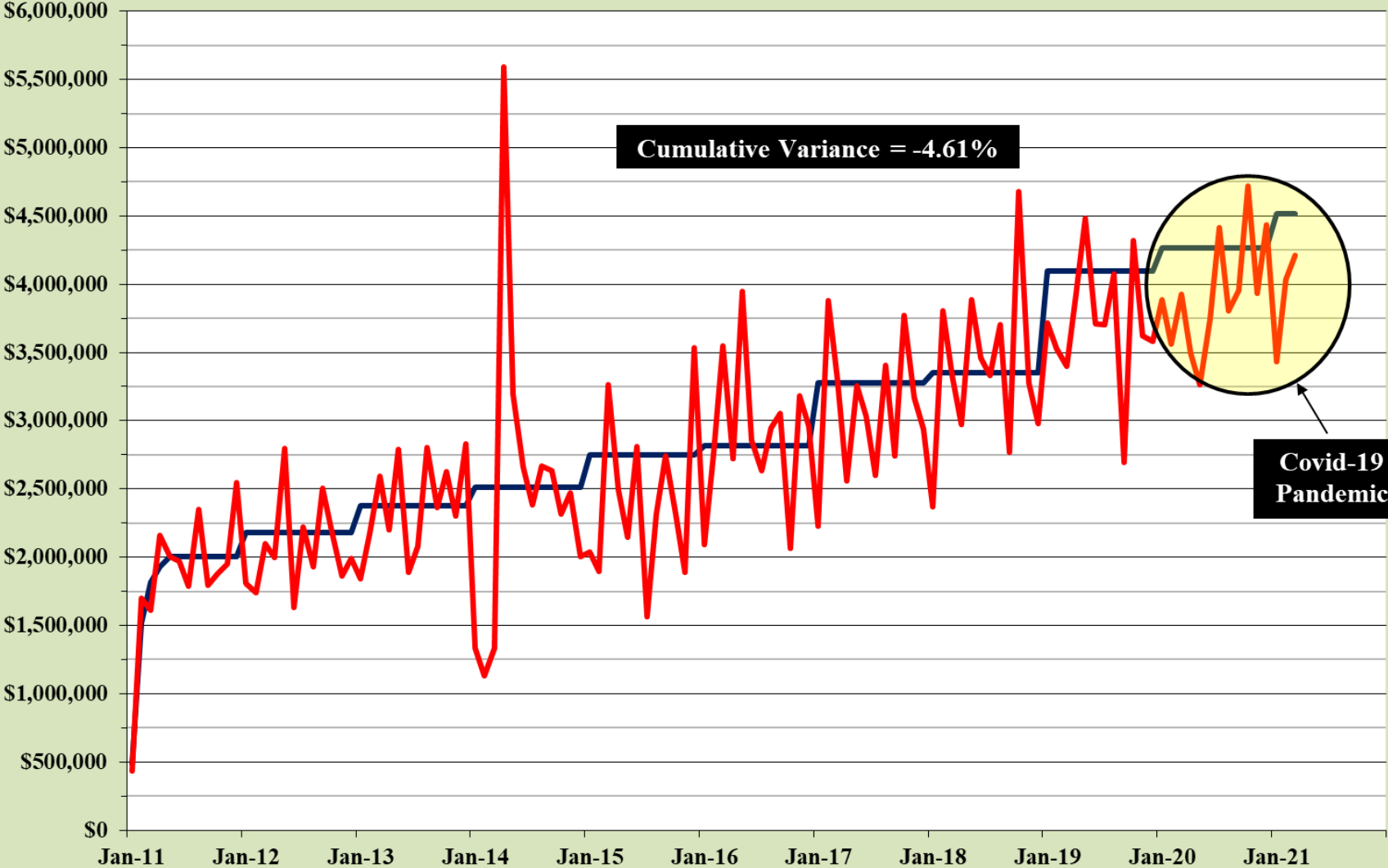


■ Actual Rx Claims   
 ■ Budgeted Rx Claims   
 ■ Actual Medical Claims   
 ■ Budgeted Medical Claims

# Greater Tompkins County Municipal Health Ins Consortium

## 2011-2021 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to March 31, 2021



— Budgeted Claims — Actual Paid Claims

**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 March 31, 2021)

| 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                                     | \$11,290,214.72              | \$0.00                                | \$264,390.72                     |
| 2021            | \$1,000,000.00                | 6,350                   | 2                                     | 0                                     | 0                                     | 0                                     | 0                                     | \$0.00                       | \$0.00                                | \$67,370.42                      |
| <b>Totals</b>   |                               | <b>58,195</b>           | <b>308</b>                            | <b>82</b>                             | <b>24</b>                             | <b>15</b>                             | <b>8</b>                              | <b>\$55,763,812.00</b>       | <b>\$2,619,537.80</b>                 | <b>\$5,673,242.85</b>            |
| <b>Averages</b> | <b>\$506,818.18</b>           | <b>5,290</b>            | <b>28.000</b>                         | <b>7.455</b>                          | <b>2.182</b>                          | <b>1.364</b>                          | <b>0.727</b>                          | <b>\$5,069,437.45</b>        | <b>\$261,953.78</b>                   | <b>\$593,497.97</b>              |

**Overall Stop-Loss Insurance Loss Ratio (Paid Claims ÷ Premium) = 46.17%**



# 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 | 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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$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                     | \$11,290,214.72              | \$47,284,890.14          | 23.88%                              | \$4,500,000.00              | \$0.00                                 |
| 2021                        | \$1,000,000.00                | 6,350                   | 2                              | 0.03%                                   | \$67,370.42                      | \$0.00                       | \$7,465,185.67           | 0.00%                               | \$4,500,000.00              | \$0.00                                 |
| <b>Totals</b>               |                               | <b>58,195</b>           | <b>308</b>                     | <b>0.53%</b>                            | <b>\$5,673,242.85</b>            | <b>\$55,763,812.00</b>       | <b>\$345,466,023.00</b>  | <b>16.14%</b>                       |                             | <b>\$0.00</b>                          |
| <b>Averages (2011-2021)</b> |                               | <b>5,290</b>            | <b>28</b>                      | <b>0.53%</b>                            | <b>\$515,749.35</b>              | <b>\$5,069,437.45</b>        | <b>\$31,406,002.09</b>   | <b>16.14%</b>                       |                             |  |

*Large Loss = Claims Paid Totaling \$100,000 or More for the Fiscal Year*

*Catastrophic Claims = Large Loss Claims in Excess of the Stop-Loss Insurance Deductible or Self-Insurance Threshold*

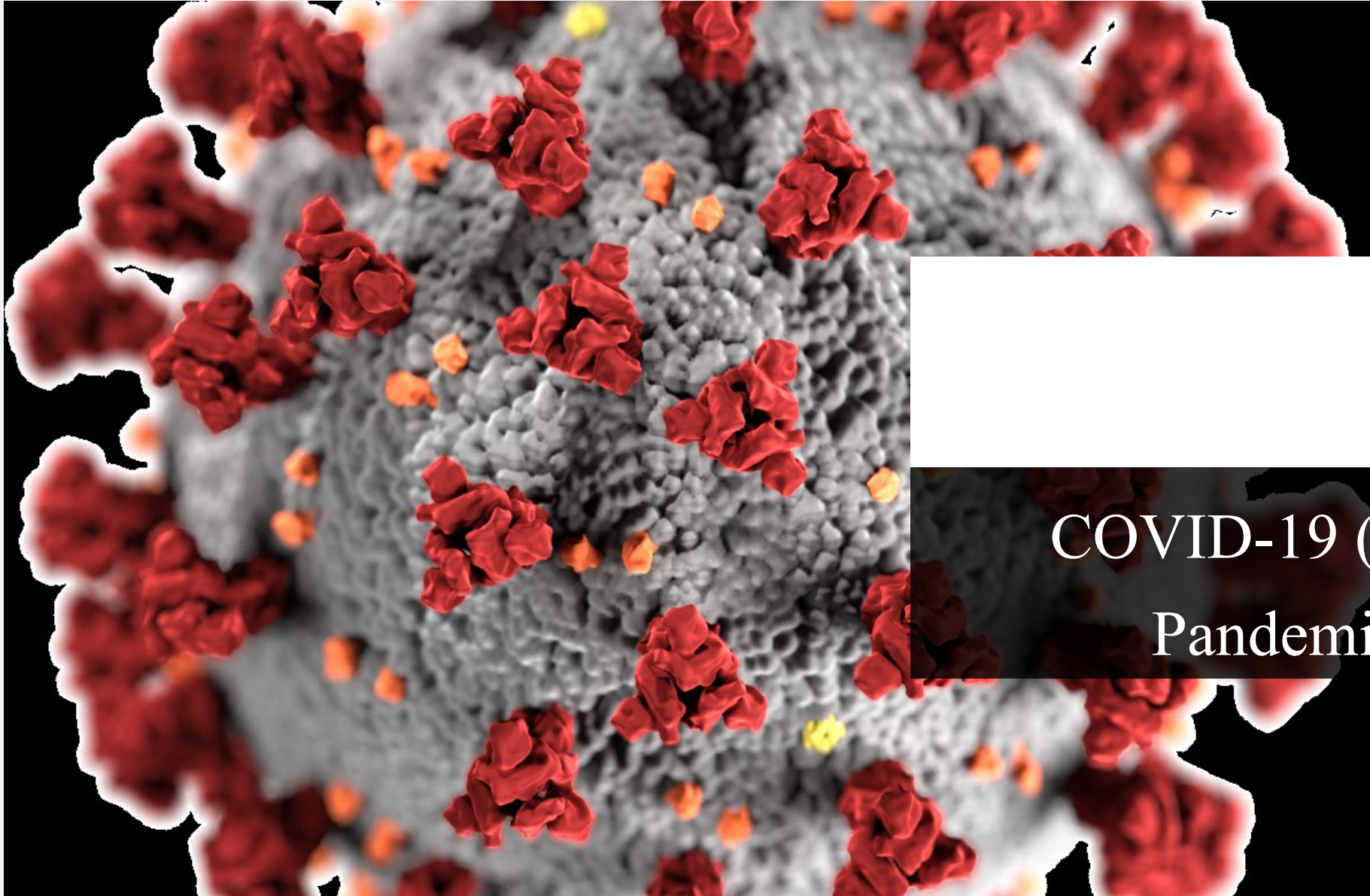
*Catastrophic Reinsurance Pool Payments = Covered Member's Claims which Exceed \$500,000 up to the Specific Stop-Loss Deductible.*

**On Average 0.53% of the Covered Lives Account for 16.14% of Paid Claims**

# Catastrophic Claims Self-Insurance Pool Activity

|                            |                          | 2020<br>Fiscal Year | 2021<br>Fiscal Year |
|----------------------------|--------------------------|---------------------|---------------------|
| Budgeted Premium           | \$600,000 Deductible     | \$762,505.96        | \$876,881.85        |
| Actual Premium Paid        | \$1,000,000 Deductible   | \$264,390.72        | \$273,000.00        |
| Premium Savings            |                          | \$498,115.23        | \$603,881.85        |
| Member<br>#000001179452    | Deductible               | \$1,000,000.00      | \$500,000.00        |
|                            | Actual Claims Paid       | \$798,499.59        |                     |
|                            | Catastrophic Claims Pool | \$0.00              | \$0.00              |
| Member #                   | Deductible               | \$500,000.00        | \$500,000.00        |
|                            | Actual Claims Paid       |                     |                     |
|                            | Catastrophic Claims Pool | \$0.00              | \$0.00              |
| Member #                   | Deductible               | \$500,000.00        | \$500,000.00        |
|                            | Actual Claims Paid       |                     |                     |
|                            | Catastrophic Claims Pool | \$0.00              | \$0.00              |
| Member #                   | Deductible               | \$500,000.00        | \$500,000.00        |
|                            | Actual Claims Paid       |                     |                     |
|                            | Catastrophic Claims Pool | \$0.00              | \$0.00              |
| Member #                   | Deductible               | \$500,000.00        | \$500,000.00        |
|                            | Actual Claims Paid       |                     |                     |
|                            | Catastrophic Claims Pool | \$0.00              | \$0.00              |
| Net Impact on Fund Balance |                          | \$498,115.23        | \$603,881.85        |

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 this “Pool” as part of the budget process. 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”.



# Section 5

## COVID-19 (coronavirus) Pandemic Impact

# 2020-2021 COVID-19 Pandemic Impact

## Tompkins County Key Facts:

1. Tompkins County has approximately 103,000 residents.
2. According to the New York State Department of Health web-site, as of March 18<sup>th</sup>
  - a) There have been approximately 2,122,242 tests conducted of people in Tompkins County for the presence of COVID-19 (coronavirus).
  - b) There have been 4,115 Tompkins County residents who have tested positive for coronavirus which is 0.194% of the tested population and approximately 3.995% of the County's total population with 50 reported deaths amongst county residents.
3. The other Counties in the Consortium have the following results:

|             |                         |                                |
|-------------|-------------------------|--------------------------------|
| a) Cayuga   | 175,274 Tests Conducted | 5,975 Positive Results (3.41%) |
| b) Cortland | 161,447 Tests Conducted | 3,601 Positive Results (2.23%) |
| c) Seneca   | 59,695 Tests Conducted  | 1,906 Positive Results (3.19%) |
| d) Tioga    | 97,808 Tests Conducted  | 3,526 Positive Results (3.61%) |

# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium

1. Paid claims in the short-term have been below budget. If we look at the monthly paid claims for the past two months, we see lower results due primarily to the delay or cancellation of minor and/or elective procedures:

| Fiscal Year   | Medical Claims          |                       | Rx Claims              |                       | Combined Paid Claims    |                       |
|---------------|-------------------------|-----------------------|------------------------|-----------------------|-------------------------|-----------------------|
|               | Group Billed Amount     | Member Paid Amount    | Group Billed Amount    | Member Paid Amount    | Group Billed Amount     | Member Paid Amount    |
| 2016          | \$24,998,992.90         | \$962,874.68          | \$10,645,984.27        | \$640,466.47          | \$35,644,977.17         | \$1,603,341.15        |
| 2017          | \$26,235,020.36         | \$1,065,840.07        | \$11,079,834.05        | \$664,302.99          | \$37,314,854.41         | \$1,730,143.06        |
| 2018          | \$30,139,463.68         | \$1,080,901.79        | \$10,863,500.35        | \$652,109.29          | \$41,002,964.03         | \$1,733,011.08        |
| 2019          | \$28,483,790.87         | \$1,182,457.28        | \$12,839,601.51        | \$744,713.47          | \$41,323,392.38         | \$1,927,170.75        |
| 2020          | \$26,919,706.56         | \$1,034,775.49        | \$13,943,138.60        | \$766,424.77          | \$40,862,845.16         | \$1,801,200.26        |
| 2021          | \$7,804,293.49          | \$316,918.28          | \$3,792,992.96         | \$248,157.31          | \$11,597,286.45         | \$565,075.59          |
| <b>Totals</b> | <b>\$144,581,267.86</b> | <b>\$5,643,767.59</b> | <b>\$63,165,051.74</b> | <b>\$3,716,174.30</b> | <b>\$207,746,319.60</b> | <b>\$9,359,941.89</b> |
|               | 96.24%                  | 3.76%                 | 94.44%                 | 5.56%                 | 95.69%                  | 4.31%                 |

|   |                |
|---|----------------|
| 2019 Average Monthly Medical Claims                 | \$2,373,649.24 |
| 2020 First 3-Months Avg. Monthly Medical Claims     | \$2,411,071.18 |
| 2020 Last 9-Months April to December Medical Claims | \$2,187,388.11 |
| 2021 1 <sup>st</sup> 3-months of Medical Claims     | \$2,601,431.16 |

# 2020-2021 COVID-19 Medical Claims Costs

| Date          | Number of Contracts | Number of Members | Number of Tests | Number of Members Diagnosed | Inpatient Plan Cost | Outpatient Plan Cost | Physician Plan Cost | Other Plan Cost    | Total Plan Cost       |
|---------------|---------------------|-------------------|-----------------|-----------------------------|---------------------|----------------------|---------------------|--------------------|-----------------------|
| Jan-20        | 2,962               | 6,326             | 0               | 0                           | \$0.00              | \$0.00               | \$695.86            | \$0.00             | \$695.86              |
| Feb-20        | 2,964               | 6,344             | 0               | 0                           | \$0.00              | \$9,452.56           | \$2,474.16          | \$0.00             | \$11,926.72           |
| Mar-20        | 2,953               | 6,326             | 75              | 2                           | \$0.00              | \$29,099.60          | \$2,593.66          | \$0.00             | \$31,693.26           |
| Apr-20        | 2,956               | 6,317             | 87              | 3                           | \$29,437.22         | \$39,228.57          | \$4,800.92          | \$0.00             | \$73,466.71           |
| May-20        | 2,961               | 6,328             | 263             | 10                          | \$7,024.08          | \$76,125.84          | \$14,364.56         | \$253.12           | \$97,767.60           |
| Jun-20        | 2,944               | 6,282             | 283             | 6                           | \$34,111.26         | \$69,793.02          | \$15,139.62         | \$0.00             | \$119,043.90          |
| Jul-20        | 2,941               | 6,276             | 330             | 3                           | \$12,928.56         | \$101,043.60         | \$18,325.92         | \$125.52           | \$132,423.60          |
| Aug-20        | 2,932               | 6,262             | 272             | 5                           | \$75,018.76         | \$88,168.96          | \$16,343.82         | \$62.62            | \$179,594.16          |
| Sep-20        | 2,932               | 6,246             | 245             | 6                           | \$124,857.54        | \$122,296.68         | \$25,046.46         | \$124.92           | \$272,325.60          |
| Oct-20        | 2,930               | 6,227             | 338             | 12                          | \$231,333.05        | \$90,416.04          | \$33,688.07         | \$622.70           | \$356,059.86          |
| Nov-20        | 2,932               | 6,195             | 350             | 23                          | \$159,954.90        | \$76,322.40          | \$46,462.50         | \$867.30           | \$283,607.10          |
| Dec-20        | 2,927               | 6,199             | 186             | 16                          | \$0.00              | \$48,910.11          | \$25,167.94         | \$1,797.71         | \$75,875.76           |
| Jan-21        | 3,044               | 6,351             | 325             | 65                          | \$180,114.36        | \$108,157.53         | \$44,202.96         | \$5,842.92         | \$338,317.77          |
| Feb-21        | 3,039               | 6,336             | 123             | 13                          | \$79,200.00         | \$39,853.44          | \$13,115.52         | \$1,330.56         | \$133,499.52          |
| <b>Totals</b> | <b>41,417</b>       | <b>88,015</b>     | <b>2,877</b>    | <b>164</b>                  | <b>\$933,979.73</b> | <b>\$898,868.35</b>  | <b>\$262,421.97</b> | <b>\$11,027.37</b> | <b>\$2,106,297.42</b> |

Above data represents hospital, medical, and surgical costs reported to and adjudicated by Excellus BlueCross BlueShield related to covered members with coronavirus (COVID-19) from January 1, 2020 through February 28, 2021.

# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium (continued)

2. The Excellus data shows the medical paid claims for 2020 and 2021 Fiscal Years as of March 31, 2021 were collectively just under \$6.2 million below the budgeted amount for the time period.
3. While October was a relatively high claims month, we show for the past 4-years October was above budget each year and this year October was a 5-weekly payment month for medical claims.
4. Looking “down the road” a bit we do not see any major negative impacts to the Consortium from a paid claim’s perspective as:
  - a) The hospitals and doctors can only perform so many procedures in a day which we believe means that there will not be any major compression when they start performing services on a more regular schedule.
  - b) Most of the severe cases have involved older members who are on Original Medicare Parts A and B which limits the claims exposure to the Consortium to some extent.
  - c) There will likely be some hesitation in patients seeking care due to concerns that they may expose themselves to the coronavirus or other illness.

# 2020-2021 COVID-19 Pandemic Impact

## Impact on the Greater Tompkins County Municipal Health Insurance Consortium (continued)

5. The pandemic has “forced” covered members to embrace telehealth and telemedicine approaches to medical care as covered members have not been able to see their primary care physicians for minor or routine services in recent months.
  - a) During the 2020 Fiscal Year, the Consortium paid for 11,871 telehealth visits for 6,282 covered members at a total cost of \$1,185,518.42.
  - b) To put this in perspective, in 2019 there were a total of 40 telehealth visits associated with Consortium covered members for a total cost of \$996.98 for the entire year.
  - c) According to Excellus’ reports, the Consortium had a total of 90 covered members registered for telemedicine services as of January 2020.
  - d) Per Excellus as of February 2021, the number of covered members registered for the telemedicine program modestly increased to 156. It is clear to us from these numbers that most enrollees are more comfortable using this type of technology with their own personal physician as opposed to enrolling in a service offered by an insurance carrier.





# Section 6

## 2020 Fiscal Year-End Net Income, Liabilities, and Reserves

# 2020 Net Income, Liabilities & Reserves

|                       | 2020<br><i>Adopted Budget</i> | 2020<br><i>Revised Budget</i> | 2020<br><i>Year-to-Date</i> | 2020<br><i>Actual Results</i> | <i>Variance</i>        | <i>% Difference</i> |
|-----------------------|-------------------------------|-------------------------------|-----------------------------|-------------------------------|------------------------|---------------------|
| <b>Total Income</b>   | \$54,597,647.62               | \$54,597,647.62               | \$54,597,647.62             | \$50,548,679.12               | <b>-\$4,048,968.50</b> | <b>-7.42%</b>       |
| <b>Total Expenses</b> | \$54,921,219.12               | \$54,938,349.65               | \$54,938,349.65             | \$50,202,771.33               | <b>-\$4,735,578.32</b> | <b>-8.62%</b>       |
| <b>Net Income</b>     | -\$323,571.50                 | -\$340,702.03                 | -\$340,702.03               | \$345,907.79                  | \$686,609.82           |                     |

|                       |                 |                 |                 |                 |              |       |
|-----------------------|-----------------|-----------------|-----------------|-----------------|--------------|-------|
| <b>Ending Balance</b> | \$31,409,025.35 | \$31,391,894.82 | \$31,391,894.82 | \$32,078,504.64 | \$686,609.82 | 2.19% |
|-----------------------|-----------------|-----------------|-----------------|-----------------|--------------|-------|

| <b>Liabilities and Reserves</b>       |                                       |                 |                 |                 |                 |                             |
|---------------------------------------|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------------------|
| 4010                                  | IBNR Claims Liability Per §4706(a)(1) | \$6,144,909.49  | \$6,144,909.49  | \$6,144,909.49  | \$6,144,909.49  | 12.0% of Incurred Claims    |
| 5010                                  | Surplus Account Per §4706(a)(5)       | \$2,637,289.44  | \$2,637,289.44  | \$2,637,289.44  | \$2,637,289.44  | 5.0% of Premium Income      |
| 5014                                  | Rate Stabilization Reserve            | \$3,840,568.43  | \$3,840,568.43  | \$3,840,568.43  | \$3,840,568.43  | 7.5% of Paid Claims         |
| 5012                                  | Catastrophic Claims Reserve           | \$4,500,000.00  | \$4,500,000.00  | \$4,500,000.00  | \$4,500,000.00  | Established by Board Policy |
| 3500                                  | Excellus BCBS Advance Deposit         | \$761,400.00    | \$761,400.00    | \$761,400.00    | \$761,400.00    |                             |
| <b>Total Liabilities and Reserves</b> |                                       | \$17,884,167.36 | \$17,884,167.36 | \$17,884,167.36 | \$17,884,167.36 |                             |

|                                  |                        |                        |                        |                        |
|----------------------------------|------------------------|------------------------|------------------------|------------------------|
| <b>Unencumbered Fund Balance</b> | <b>\$13,524,857.99</b> | <b>\$13,507,727.46</b> | <b>\$13,507,727.46</b> | <b>\$14,194,337.28</b> |
|----------------------------------|------------------------|------------------------|------------------------|------------------------|

\* Premium Holiday Issued in December 2020

Prior to the “premium holiday”, the 2020 Fiscal Year Net Income was substantially above the projected budget for the year. This resulted in the net cash assets (unencumbered fund balance) being well above the targeted level as set by the Consortium’s Audit & Finance Committee. This result was achieved even with the increase in the Rate Stabilization Reserve from 5% of Expected Paid Claims to 7.5% of Expected Paid Claims and with an increase in the Catastrophic Claims Reserve from \$2.8 million to \$4.5 million. Even with the “premium holiday”, the Consortium still finished the year with an Unencumbered Fund Balance which exceeded the budget projections.

# 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 31<sup>st</sup> there are going to be covered medical services received by covered members on or before December 31<sup>st</sup> which will not be paid until sometime after December 31<sup>st</sup>. 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 2020 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 2020 Fiscal Year budget forecasted this reserve to equal \$6,144,909.49 (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 2020 Fiscal Year, Excellus' estimate of this liability was \$4,277,400 which is approximately 8% 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 2020 Fiscal Year budget forecasted this reserve to equal \$2,637,289.44 (5.0% of projected premium income of \$52,745,788.78). It should be noted that the Consortium's premium income will show below budget for the fiscal year due to the premium holiday. As a result, the Consortium may be required to calculate this reserve based on the full expected premium for the fiscal period which means this reserve level may be slightly higher at the end of the year than the projected amount.

# 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 Fiscal 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 decision to fund this reserve at an amount equal to \$4,500,000 for the 2020 Fiscal Year.

# Liabilities and Reserves - Defined

## RATE STABILIZATION RESERVE

- When the Consortium's cash assets were at a fairly high 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 7

## 2021 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 |    |    |    |    |    |

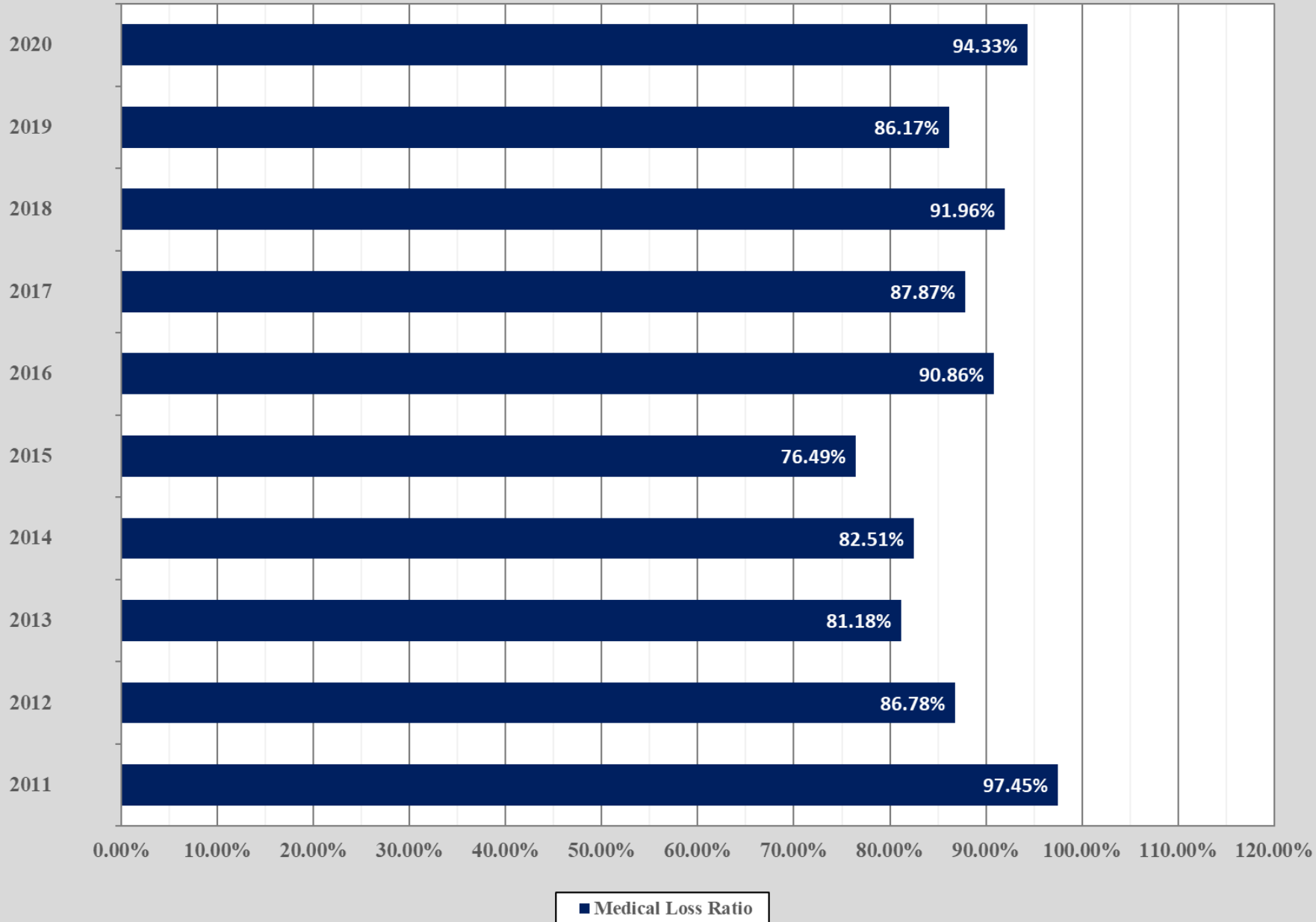
# 2021 Fiscal Year-to-Date Summary & Observations

1. The overall revenue of the Consortium is a little above budget as of March 31, 2021. We believe that as the Consortium moves through the year, the result will be closer to the overall budget. This result will be achieved mostly as a result of the enhanced pharmaceutical manufacturer rebates being received from ProAct, Inc. Unfortunately, even with the increased management of the cash assets by the Consortium's Financial Team which includes the assistance from Wilmington Trust, the pandemic will cause the interest income to be well below the results seen in prior years.
2. The combined **Medical and Rx Paid Claims were 13.80% below budget** through the first 3-months of the 2021 Fiscal Year. This result was achieved in large part due to a decrease in minor and/or elective medical procedures due to the recent pandemic. We are keeping a close eye on the paid claims and we are cautiously optimistic that the Consortium will finish the year near or below budget. 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 addition, we do anticipate some modest compression in medical claims costs as covered members have procedure performed which had been delayed due to the pandemic.

# 2021 Fiscal Year-to-Date Summary & Observations

3. Overall, the Greater Tompkins County Municipal Health Insurance Consortium is performing better than projected through the first 3-months of the 2021 Fiscal Year. With only two months “in the books”, the financial indicators are pointing toward another positive fiscal year, resulting in a slight net income which will be used to bolster the Consortium’s Reserves and Fund Balance. In the end, we are hopeful that this positive result 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 March 31, 2021 clearly support the Board of Director’s decision to increase premium rates by a modest 5% for the 2021 Fiscal Years and put in place the premium holiday for December 2020. Any additional funds set aside from this year after the premium holiday will give the Consortium Board of Directors the opportunity to continue to keep premium increases at a very modest level for the next several fiscal periods. It may also allow for some additional premium relief to assist the Participating Municipalities during what will clearly be a tough financial picture for the next several years.

# Greater Tompkins County Municipal Health Insurance Consortium Medical Loss Ratio (Paid Claims ÷ Premium)



**EXCELLUS HEALTH PLAN, INC**  
**Greater Tompkins County Municipal Health Insurance Consortium**  
**Individual High Claimant Report > \$100,000**

|                             |                                |
|-----------------------------|--------------------------------|
| <b>Paid Through:</b>        | <b>Mar-21</b>                  |
| <b>Specific Deductible:</b> | <b>\$1,000,000*</b>            |
| <b>Policy Period:</b>       | <b>01/01/2020 - 12/31/2020</b> |
| <b>Policy Basis:</b>        | <b>12/15</b>                   |
| <b>Incurred:</b>            | <b>01/01/2020 - 12/31/2020</b> |
| <b>Paid:</b>                | <b>01/01/2020 - 3/31/2021</b>  |

| Unique ID    | Excellus Claims | Pro Act Claims | Total Claims | Excellus Highest Paid Diagnosis  |
|--------------|-----------------|----------------|--------------|--|
| 000001179452 | \$798,499.59    | \$0.00         | \$798,499.59 | Hereditary factor VIII deficiency  |
| 000014235037 | \$780.27        | \$448,634.53   | \$449,414.80 | Obstructive sleep apnea (adult) (pediatric)  |
| 000001752698 | \$407,134.56    | \$10,089.08    | \$417,223.64 | Malignant neoplasm of left choroid   |
| 000003249204 | \$368,362.09    | \$1,915.20     | \$370,277.29 | Cerebral infarction due to embolism of left middle cerebral artery   |
| 000010490304 | \$140,104.64    | \$196,474.61   | \$336,579.25 | Secondary malignant neoplasm of brain  |
| 000002246580 | \$295,709.09    | \$191.37       | \$295,900.46 | Chronic inflammatory demyelinating polyneuritis  |
| 000010558390 | \$264,391.09    | \$20,407.21    | \$284,798.30 | Pouchitis  |
| 000011751828 | \$282,108.08    | \$105.57       | \$282,213.65 | Burn of third degree of left lower leg, initial encounter  |
| 000001202215 | \$268,098.13    | \$13,209.34    | \$281,307.47 | Malignant neoplasm of rectum   |
| 000010789564 | \$236,246.16    | \$42,141.16    | \$278,387.32 | Sepsis, unspecified organism   |
| 000000346623 | \$272,263.90    | \$412.02       | \$272,675.92 | <NOT APPLICABLE>   |
| 000001228665 | \$255,270.21    | \$5,084.48     | \$260,354.69 | Other cardiomyopathies   |
| 000000471907 | \$247,294.83    | \$12,717.00    | \$260,011.83 | End stage renal disease  |
| 000003427948 | \$37,581.37     | \$220,032.20   | \$257,613.57 | Acute viral hepatitis, unspecified   |
| 000003247268 | \$14,236.50     | \$241,209.25   | \$255,445.75 | Unifocal Langerhans-cell histiocytosis   |
| 000002881160 | \$227,021.31    | \$591.60       | \$227,612.91 | Subject to protected health.   |
| 000012609097 | \$193,231.51    | \$24,043.66    | \$217,275.17 | Crohn's disease of both small and large intestine without complications  |
| 000000902182 | \$67,355.24     | \$138,550.93   | \$205,906.17 | Secondary malignant neoplasm of liver and intrahepatic bile duct   |
| 000000651102 | \$196,564.01    | \$207.66       | \$196,771.67 | Multiple sclerosis   |
| 000010200996 | \$176,092.14    | \$17,271.04    | \$193,363.18 | Dislocation of other internal joint prosthesis, initial encounter  |
| 000001582707 | \$40,021.57     | \$145,453.63   | \$185,475.20 | Secondary malignant neoplasm of bone   |
| 000000629046 | \$177,906.78    | \$1,572.84     | \$179,479.62 | Atherosclerosis of native arteries of extremities with intermittent claudication, left leg                                     |
| 000010455900 | \$170,612.67    | \$8,054.05     | \$178,666.72 | Alpha-1-antitrypsin deficiency   |
| 000003412541 | \$170,729.40    | \$4,122.76     | \$174,852.16 | Amyotrophic lateral sclerosis  |
| 000001954732 | \$3,137.14      | \$169,721.90   | \$172,859.04 | Noninfective gastroenteritis and colitis, unspecified  |
| 000002359356 | \$168,014.46    | \$2,665.63     | \$170,680.09 | Malignant neoplasm of esophagus, unspecified   |
| 000000881893 | \$32,565.30     | \$126,779.50   | \$159,344.80 | Ulcerative colitis, unspecified with rectal bleeding   |
| 000001301718 | \$157,248.08    | \$1,696.69     | \$158,944.77 | Nonrheumatic mitral (valve) insufficiency  |
| 000001487452 | \$1,712.62      | \$156,074.96   | \$157,787.58 | Malignant neoplasm of prostate   |
| 000003316029 | \$1,341.27      | \$150,476.29   | \$151,817.56 | Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| 000013283427 | \$151,338.67    | \$197.89       | \$151,536.56 | Chronic pain syndrome  |
| 000002044614 | \$91,503.92     | \$53,163.02    | \$144,666.94 | Multiple sclerosis   |
| 000003339644 | \$15,002.35     | \$129,598.78   | \$144,601.13 | Encounter for antineoplastic chemotherapy  |
| 000011258066 | \$61,805.26     | \$80,034.56    | \$141,839.82 | Other specified sepsis   |

**EXCELLUS HEALTH PLAN, INC**  
**Greater Tompkins County Municipal Health Insurance Consortium**  
**Individual High Claimant Report > \$100,000**

|                             |                                |
|-----------------------------|--------------------------------|
| <b>Paid Through:</b>        | <b>Mar-21</b>                  |
| <b>Specific Deductible:</b> | <b>\$1,000,000*</b>            |
| <b>Policy Period:</b>       | <b>01/01/2020 - 12/31/2020</b> |
| <b>Policy Basis:</b>        | <b>12/15</b>                   |
| <b>Incurred:</b>            | <b>01/01/2020 - 12/31/2020</b> |
| <b>Paid:</b>                | <b>01/01/2020 - 3/31/2021</b>  |

| Unique ID    | Excellus Claims | Pro Act Claims | Total Claims | Excellus Highest Paid Diagnosis   |
|--------------|-----------------|----------------|--------------|---|
| 000010539519 | \$138,508.61    | \$5.76         | \$138,514.37 | Breakdown (mechanical) of biological heart valve graft, initial encounter                                     |
| 000001551888 | \$130,647.87    | \$2,042.68     | \$132,690.55 | Postlaminectomy syndrome, not elsewhere classified  |
| 000002076267 | \$5,736.68      | \$126,110.76   | \$131,847.44 | Malignant neoplasm of prostate  |
| 000010531598 | \$63,373.94     | \$65,991.04    | \$129,364.98 | Intervertebral disc disorders with radiculopathy, lumbar region   |
| 000001739934 | \$52,298.17     | \$74,032.41    | \$126,330.58 | Unilateral primary osteoarthritis, right hip  |
| 000012365008 | \$115,751.87    | \$10,128.33    | \$125,880.20 | Subject to protected health.  |
| 000000489485 | \$124,844.70    | \$26.73        | \$124,871.43 | Nonrheumatic aortic (valve) stenosis  |
| 000000598728 | \$747.49        | \$118,175.73   | \$118,923.22 | <NOT APPLICABLE>  |
| 000003234639 | \$31,297.67     | \$83,599.52    | \$114,897.19 | Morbid (severe) obesity due to excess calories  |
| 000001433376 | \$102,609.05    | \$12,281.83    | \$114,890.88 | Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement            |
| 000003316030 | \$964.51        | \$113,394.80   | \$114,359.31 | Polycystic kidney, adult type   |
| 000013541355 | \$114,238.75    | \$73.99        | \$114,312.74 | Malignant neoplasm of unspecified site of left female breast  |
| 000003240898 | \$9,494.73      | \$100,761.16   | \$110,255.89 | Multiple sclerosis  |
| 000003054234 | \$2,447.58      | \$107,198.63   | \$109,646.21 | Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic                         |
| 000015464906 | \$104,006.48    | \$5,477.30     | \$109,483.78 | Unilateral primary osteoarthritis, left knee  |
| 000012471620 | \$102,257.15    | \$6,601.40     | \$108,858.55 | Ulcerative colitis, unspecified with rectal bleeding  |
| 000010456418 | \$107,167.43    | \$441.94       | \$107,609.37 | Nontraumatic subarachnoid hemorrhage, unspecified   |
| 000003888435 | \$88,760.66     | \$18,641.39    | \$107,402.05 | Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement            |
| 000010485958 | \$26,388.17     | \$80,946.15    | \$107,334.32 | Encounter for antineoplastic immunotherapy  |
| 000010625265 | \$104,824.63    | \$77.82        | \$104,902.45 | Infection due to other bariatric procedure  |
| 000003003431 | \$93,698.69     | \$10,802.56    | \$104,501.25 | Nonrheumatic aortic (valve) stenosis with insufficiency   |
| 000000586069 | \$24,014.44     | \$80,266.78    | \$104,281.22 | COVID-19 (2019-nCoV acute respiratory disease)  |
| 000001875542 | \$7,463.51      | \$95,223.42    | \$102,686.93 | Abnormal electrocardiogram [ECG] [EKG]  |
| 000000722617 | \$19,408.86     | \$82,037.22    | \$101,446.08 | Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure |
| 000010874749 | \$10,462.77     | \$90,812.29    | \$101,275.06 | Encounter for antineoplastic chemotherapy   |
| 000003333556 | \$99,787.36     | \$395.19       | \$100,182.55 | Malignant neoplasm of rectum  |

\*Individual Specific deductible of \$1,000,000 applies to member #000001179452 if they have an intestinal / bowel transplant.

\*Individual Specific deductible of \$1,200,000 applies to member #000010930774 if they have an intestinal / bowel transplant.

Greater Tompkins County Municipal Hlth Insurance Consortium  
**A/R Aging Summary**  
As of April 12, 2021

| EMPLOYER NAME                | 1 - 30            | 31 - 60         | TOTAL             |
|------------------------------|-------------------|-----------------|-------------------|
| FACULTY STUDENT ASSOC OF TC3 | 22,246.00         | 0.00            | 22,246.00         |
| T.C. PUBLIC LIBRARY          | 61,820.37         | 0.00            | 61,820.37         |
| TC3 CULINARY                 | 4,312.33          | 0.00            | 4,312.33          |
| TC3 FARMING PROGRAM          | 2,199.42          | 0.00            | 2,199.42          |
| TOWN OF CUYLER               | 2,499.22          | 2,499.22        | 4,998.44          |
| TOWN OF DIX                  | 1,217.64          | 2,739.76        | 3,957.40          |
| TOWN OF SPENCER              | 7,497.66          | 0.00            | 7,497.66          |
| TOWN OF SPRINGPORT           | -2,776.88         | 0.00            | -2,776.88         |
| TOWN OF ULYSSES              | 1,139.69          | 0.00            | 1,139.69          |
| VILLAGE OF OWEGO             | 27,542.90         | 0.00            | 27,542.90         |
| <b>TOTAL</b>                 | <b>127,698.35</b> | <b>5,238.98</b> | <b>132,937.33</b> |