



Greater Tompkins County Municipal Health Insurance Consortium

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

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

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

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

Executive Committee Agenda

June 1, 2022 - 3:30 p.m.

Ithaca Town Hall/Zoom

(contact Consortium@tompkins-co.org for Zoom link)

Notice of Public Hearing:

The Greater Tompkins County Municipal Health Insurance Consortium will hold a public hearing on June 1, 2022 at 3:30 p.m. at the Ithaca Town Hall, Aurora Conference Room, 215 N. Tioga Street, Ithaca, NY 14850 for the purpose of hearing public comments on a proposed resolution entitled: "Adopting NYS Open Meetings Law Procedures for the Consortium's Board of Directors and Committees" in compliance with New York State Chapter 56 of the Laws of 2022. Said resolution authorizes members who experience an extraordinary circumstance and establishes written procedures for members to attend meetings by videoconference. All persons interested in speaking on the subject matter may submit a request to the Clerk of the Board of Directors at consortium@tompkins-co.org. A Zoom meeting link will be provided upon request.

- 1) Call to Order
- 2) **Resolution:** Adoption of NYS Open Meetings Law Procedures for the Consortium's Board of Directors and Committees
- 3) Changes to the Agenda
- 4) Approval of Minutes: April 6, 2022
- 5) Chair's Report (3:40)
 - a. Long-Term Planning Update
 - b. **Resolution:** Clarification Regarding Municipal Retirees in Relation to Municipal Cooperative Agreement (MCA) Requirement
 - c. **Resolution:** Clerk of the Board (*available at meeting*)
- 6) Executive Director's Report (3:55) E. Dowd
 - a. Executive Director Report
 - b. **Resolution:** Appointment of Clerk of the Board – Lynne Sheldon
 - c. **Discussion:** Amendment of Resolution No. 011-2020 – Authorization by the Board of Directors to Remove Benefit Plans from the Consortium's Menu of Benefit Plan Offerings and Restricting Plan Enrollment
- 7) Committee Reports/Resolutions: (4:15)
 - a. Operations Committee L. Holmes
 1. **Resolution:** Adoption of Amended Online Enrollment Policy and Commercial Group Health Insurance Application/Change Form
 2. **Resolution:** Adoption of Policy Regarding Reinstatement or Termination of Members
 3. **Resolution:** Adoption of Business Continuity and Disaster Response Plan – 2022
 - b. Joint Committee on Plan Structure and Design J. Bower
 - c. Nominations and Engagement E. Fairbrother

Executive Committee Agenda
June 1, 2022

- d. Claims and Appeals B. Shattuck
- e. Audit and Finance S. Thayer
 - 1. **Resolution:** Approval of Amended Investment Management Policy
 - 2. **Resolution:** Amendment of Rate Stabilization Reserve to Define Claims
 - 3. **Resolution:** Authorization to Participate in NYCLASS
- 8. Financial Update (4:35) S. Locey/T. Apalovich
 - a. Financial Review
 - b. Report on large loss claim activity
 - c. Accounts Receivable
 - d. Expenditure Report
- 9) Future Agenda Topics (4:55)
- 10) Adjournment (5:00)

Next Meeting: August 3, 2022



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RESOLUTION NO. – 2022 - ADOPTION OF OPEN MEETINGS LAW PROCEDURES FOR THE CONSORTIUM'S BOARD OF DIRECTORS AND COMMITTEES

WHEREAS, Subdivision (c) of section 103 of the Public Officers Law, as added by Chapter 289 of the laws of 2000, is amended through July 1, 2024 to require that a public body shall provide an opportunity for the public to attend, listen, and observe meetings in at least one physical location at which a member participate, and

WHEREAS, January 1, 2024 the NYS Committee on Open Government will submit a report to the State concerning the application and implementation of this law and any further recommendations governing the use of videoconferencing by public bodies to conduct meetings, and

WHEREAS, said law allows a public body, in its discretion, to use videoconferencing to conduct its meetings pursuant to the requirements of the law provided that a minimum number of members are present to fulfill the public body's quorum requirement in the same physical location or locations where the public can attend, and the following criteria are met:

- A public body has adopted a resolution by June 8, 2022 authorizing the use of videoconferencing for itself and its committees or subcommittees and the public body has established written procedures governing member and public attendance consistent with the legislation, and such written procedures are conspicuously posted on the public website of the public body.
- The members of the public body shall be physically present at any such meeting unless such member is unable to be physically present at any such meeting location due to extraordinary circumstances, as set forth in the resolution and written procedures adopted, including disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting.
- Except in the case of executive sessions conducted pursuant to law, the public body shall ensure that members of the public body can be heard, seen and identified, while the meeting is being conducted, including but not limited to any motions, proposals, resolutions, and any other matter formally discussed or voted upon.
- The minutes of the meetings involving videoconferencing shall include which, if any, members participated remotely and shall be available to the public if videoconferencing is used to conduct a meeting; the public notice for the meeting shall inform the public that videoconferencing will be used, where the public can view and/or participate in such meeting, where required documents and records will be posted or available, and identify the physical location for the meeting where the public can attend.
- The public body shall provide that each meeting conducted using videoconferencing shall be recorded and such recordings posted or linked on the public website of the public body within five business days following the meeting, and shall remain so available for a minimum of five years thereafter. Such recordings shall be transcribed upon request;

**RESOLUTION NO. – 2022 - ADOPTION OF OPEN MEETINGS LAW PROCEDURES
FOR THE CONSORTIUM’S BOARD OF DIRECTORS AND
COMMITTEES**

- Open meetings of any public body that are broadcast or that use videoconferencing shall utilize technology to permit access by members of the public with disabilities consistent with the 1990 Americans with Disabilities Act (ADA), as amended, and corresponding guidelines.
- A member who is participating from a remote location that is not open to in-person physical attendance by the public may not count toward a quorum of the public body (but may participate and vote if there is a quorum of members at a physical location open to the public).
- “In person” participation requirements of the Law shall not apply during a state disaster emergency declared by the governor pursuant to section twenty-eight of the executive law, or a local state of emergency proclaimed by the chief executive of a county, city, village or town pursuant to section twenty-four of the executive law, if the public body determines that the circumstances necessitating the emergency declaration would affect or impair the ability of the public body to hold an in person meeting.

now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee hereby adopts the use of videoconferencing for meetings of the Consortium’s Board of Directors and Standing Committees pursuant to the requirements set in Subdivision (c) of section 103 of the Public Officers Law and summarized above,

RESOLVED, further, That members shall be permitted to attend meetings remotely due to extraordinary circumstances, such as disability, illness, caregiving responsibilities, or any other significant or unexpected factor or event which precludes the member's physical attendance at such meeting,

RESOLVED, further, That the Consortium shall allow members to attend remotely via an established satellite location with participation counting quorum,

RESOLVED, further, that the Consortium hereby adopts the following procedures for members attending remote meetings:

- A calendar of meetings will be posted on the Consortium’s website that includes date, time, physical locations(s) where a member of the public may attend, and directions for receiving instructions for joining the meeting remotely by videoconferencing;
- Members attending remotely from a satellite location must provide notice of the publicly-accessible location from which they will attend as soon as possible but no later than within 48 hours of the meeting for posting on the Consortium’s website;
- Members attending remotely from a publicly-accessible location where proper notice has been given will be counted towards quorum;
- Members attending remotely shall maintain visual contact throughout the meeting;
- Meetings of Consortium committees shall be recorded, posted to the Consortium’s YouTube page, and retained for a period of five years.

**Executive Committee
Minutes – DRAFT
April 6, 2022 – 3:30 p.m.
Town of Ithaca/Zoom**

Present: Steve Thayer, Bud Shattuck, Peter Salton (arrived at 3:34 p.m.), Judy Drake, Rordan Hart, Gary Mutchler, Lisa Holmes, Jim Bower, Ed Fairbrother
Excused: Ray Bunce, Eric Snow
Guests: Laura Granger, Stephanie Redmond; Directors; Steve Locey, Rob Spenard, Paul Pelton, Locey & Cahill
Staff: Elin Dowd, Executive Director; Michelle Cocco, Clerk of the Board; Teri Apalovich, Finance Manager; Kylie Rodrigues, Benefits Specialist

Call to Order

Ms. Drake, Chair, called the meeting to order at 3:31 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of March 2, 2022

It was MOVED by Mr. Mutchler, seconded by Mr. Bower, and unanimously adopted by voice vote by members present, to approve the minutes of March 2, 2022 as submitted. MINUTES APPROVED.

Ms. Drake said at the last meeting a suggestion was made to hold the May 4th long-term meeting in person in the form of a retreat at the pavilion at Stewart Park and asked for feedback from members.

Mr. Salton arrived at this time

There was consensus by those present to confirm this from 3:30 p.m. to 5:15 p.m. The space will be reserved and a new meeting invite will be sent to members.

Logo Design

Ms. Drake spoke of the Consortium's expanded territory and a draft revised logo design was presented for input that represents the Consortium's growth to a 16-county region. Mr. Hart asked to see the image with Tompkins County centered in the dark blue patch of the design. In response to a question as to what would be involved in a change of name for the Consortium, Ms. Drake and Ms. Dowd spoke of the complexity that would be related to a name change. There was interest in exploring how to utilize an abbreviated name that would be more reflective of what the Consortium is and would like to be. Members were asked to submit feedback to Ms. Dowd.

Ms. Drake thanked Consortium staff for the hard work that has been done up to this point in the year.

Executive Director's Report

Ms. Dowd reported she provided a written report in the packet, noting some of the committee information is minimal because most committees have moved to meeting quarterly and are scheduled to meet in the next month.

Ms. Dowd reported it is the end of the 2021 reporting period and Ms. Apalovich has taken the lead in the year-end Jurat (financial filing) and the financial audit that is close to completion.

Ms. Rodrigues has been working on ProAct system changes; the process is not yet 100 percent, but Ms. Dowd noted changes are being gone through thoughtfully and carefully.

Ms. Dowd reported there is a lot of activity, whereby members are being encouraged to migrate to other plans. Although a move may look cost effective in the immediate future, such as moving to Medicare Advantage plans, she spoke of the adverse selection of taking a group out of the Consortium. She said there is other plan movement that is causing a look to be taken at the Consortium's premiums for all plans and performance as it relates to ongoing rate stabilization in the Consortium. We are looking at not only how we can react and respond to this but what are the shared resources that can be taken advantage of and what kinds of educational information can be put together to help members understand long-term impacts for members and the Consortium. She said this is a topic that will be discussed as part of long-term planning for the Consortium, but she wanted to make the Committee aware of this. Locey and Cahill and the Consortium team will continue to work together and look at what resources are needed to effectively communicate the risk to the municipality as well as the Consortium.

Mr. Fairbrother said the Town of Big Flats went to the Advantage Plan with a Binghamton Group for retirees and said United Health Care has been asking to come in and talk to the Town. He said the Town is very happy with the Consortium and is not interested in leaving. He is also aware of another municipality that is facing this.

Mr. Hart said if municipalities are going to be made aware of the long-term danger to them and the Consortium it is important they are aware there is also some significant long-term dangers for subscribers. He said insurance companies make a significant amount of money on the Advantage Plan and a significant reason is due to non-coverage out-of-network that the subscriber isn't aware of. This is particularly a significant concern for subscribers who like to vacation or move out of State.

Ms. Dowd said Mr. Hart makes a good point that will be included in educational materials that are being compiled. One of the things Mr. Locey is looking at is contract language and benefits available in New York State for retirees and what is and is not lawful for retirees for changing coverage.

Mr. Locey said the reason insurance companies are able to offer Medicare Advantage Plans at the lower cost is because the Federal government is over-subsidizing Medicare Advantage Programs. They are receiving a large subsidy per covered life to mirror the benefits under Medicare's Part A and B and this is driving them to be able to provide the rates they are offering. He said some of the benefits are more restrictive, there are closed formularies, out-of-network benefit issues, and other issues related to benefits. Another concern is that at some point the Federal government may have to pull back on some of the Medicare spending and this could be an area that is targeted. Mr. Locey spoke of experience with other clients and said the low rate offered by insurance companies is typically offered for a couple of years and is followed by an extremely large increase. This results in the frequent movement to different plans and retirees do not like this.

Mr. Locey said a call will be held this week with the New York State Department of State to talk about countywide shared services incentives and what consortiums like this can do to take advantage of some of those incentives when they have already been conducting themselves in a collaborative manner and driving efficiencies. The discussion will include questions about what groups can do to access some of those funds by changing benefit plans or redirecting people into other plans. He said this continual poaching of clients out of consortium programs is making consortiums less stable and is a long-term risk that needs to be addressed.

Catastrophic Claims Self-Insurance Pool

Ms. Dowd reported on the Catastrophic Claims Self-Insurance Pool (formerly the Catastrophic Claims Self-Insurance Reserve) and said at the last Executive Committee meeting a change was made as to how we are managing this and there will continue to be discussion throughout the year. She assured members this will continue to get reviewed to see that it best meets the organization in the long-run.

Wellness

Ms. Dowd reported on wellness activities and said a highlight of the March program was included in the agenda packet to inform members of the program. The first Benefit Clerk meeting of the year was held last week that included new educational material to make sure Benefit Clerks have what they need to be able to operate effectively and efficiently. That meeting was attended by 35 Benefit Clerks; the next one will be held in May.

Dependent Verification Audit

Ms. Dowd said approximately five years ago a dependent verification audit was conducted and identified a large number of claims being paid for dependents that were no longer eligible to be on the Plan. She gave an example of situations such as when a spouse has continued to be on the Plan but is no longer eligible. Benefits Clerks will have between now and mid-May to conduct this dependent verification. She noted that although a deadline has been set the Consortium is willing to work with municipalities on a timeframe to get this done. Ms. Dowd said information was circulated on this but will also be sent to the management level contacts at each municipality.

New Member Process

Ms. Dowd reviewed efforts that have been made to streamline and improve the application process that includes revisions to forms and updates to the website. She said it is likely a request will come forward to abolish the resolution that establishes the forms and process and to avoid continual amendments but noted that the Committee will be kept informed of the process.

New Member Marketing

Ms. Dowd spoke of marketing material that has been developed and available for members to disseminate when they are meeting with groups.

Staffing

Ms. Dowd announced the upcoming retirement of Michelle Cocco from the position of Clerk of the Board of Directors and said the process for recruitment has commenced. Ms. Dowd spoke of the five-year staffing plan for the Consortium and said this will be discussed with the Operations Committee which has oversight for this as well as the long-term planning discussion. She added that Tompkins County has issued a Request for Proposals for a salary survey and said the Consortium may want to utilize information received through that process. Ms. Holmes, Tompkins County Administrator, will provide information as it becomes available.

Report from the Joint Committee on Plan Structure and Design

Mr. Bower, Chair, reported at the last meeting he and Mrs. Shawley were re-elected to the positions of Chair and Vice Chair of the Committee. The Committee reviewed housekeeping items, including a review of the Bylaws which will come back to the next meeting with suggested amendments. Mr. Bower reported Jeanne Grace has moved from an Alternate Labor Director to a Delegate for Labor Director position on the Board of Directors. He said the Committee continues to struggle with labor participation and reported there are two additional labor Director

vacancies due to the resignations of Doug Perine and Nancy Webster from Tompkins County CSEA. He continues to work on recruitment to fill other labor vacancies.

The Committee has been provided with useful information on the Blue4U Program, Advanced Care planning, and wellness information. Mr. Bower noted the creation of a Facebook page will be a great resource for the Consortium. A request was made to send the advanced care planning information to the Committee.

Report from the Nominations and Engagement Committee

Ms. Dowd reported the Committee has not met since the last meeting. The next meeting will be held April 11th; there will be a focus on engagement, both of new and current members, as well as planning for the August Board Retreat. A suggestion was made to reach out to municipalities when there is a change at the administration level and provide educational information about the Consortium.

Report from the Claims and Appeals Committee

Mr. Shattuck, Chair reported the BMI report on the prescription drug claims audit should be ready soon. When this is reviewed, a meeting of the Committee will be scheduled.

Report from the Audit and Finance Committee

Mr. Thayer, Chair, reported at the next meeting on April 26th the Committee will be presented with the annual financial audit, the Investment Management Request for Proposals, and will continue discussion on the Catastrophic Claims Self-Insurance Pool.

Report from the Operations Committee

Ms. Holmes, Chair, reported the Committee has not met since the last Executive Committee meeting. The next meeting will be held on April 25th and there will be discussion of strategic planning initiatives and the five-year staffing plan.

Report from the Investment Management RFP Subcommittee

Mr. Hart, Chair, reported a meeting will be held on April 13th. A revised Investment Policy will be drafted for approval to be able to expand the types of instruments that can be invested in by the Consortium.

Financial Update

Mr. Locey presented financial results through February 28, 2022 and reported revenue was two percent above budget. He said they believe all of the contracts and covered lives are included in the information but are following up on that. In 2022 the Consortium added approximately 120 covered lives and 70 contracts with the four new municipalities. He called attention to the change in the number of family and single contracts and said much of that is due to movement of individuals to the Medicare Supplement Plan as that splits one family contract into two separate contracts. Mr. Locey reported on expenses through the first two months and said both medical and prescription drug claims were approximately five percent below budget; however, March prescription drug claims indicate they have gone up and bring claims to close to the budgeted amount for the first quarter of 2022. There was a net income of approximately \$190,000 which is less than the budgeted amount; however, there was less expense and results

in a positive amount of the end of the period. Mr. Locey noted March will be five-payment month which will result in claims being higher than normal.

Mr. Locey said he has expressed a concern to Ms. Dowd about a concern for 2023 and 2024 relative to inflation, medical staffing issues, and delayed procedures, and said this will continue to keep an eye on expenses going forward.

Mr. Locey reported on high-cost claimants and to date there are two individuals with claims in excess of \$200,000 through February. Mr. Spenard said there was a claimant that came through this week who had a total of \$126,000 in claims and this claimant did not show up on the 2021 Stop Loss report; therefore, it appears to be a new claimant going forward. In terms of the self-insurance pool impact, the net has been a positive and the money saved on Stop Loss premium has been able to cover all of the costs associated with claims between \$.5 and \$1 million. The net impact is a savings of \$130,000; however, this will continue to be evaluated.

Ms. Apalovich reported on accounts receivable and said at this time there are no outstanding accounts.

Next Meeting

The next meeting will be an educational retreat to discuss long-term planning.

Executive Session

It was MOVED by Mr. Mutchler, seconded by Ms. Holmes, to enter into executive session at 4:47 p.m. to discuss the medical, financial, credit or employment history of a particular person or corporation, or matters leading to the appointment, employment, promotion, demotion, discipline, suspension, dismissal or removal of a particular person or corporation.

On motion of Mr. Mutchler, seconded by Ms. Holmes, and unanimously adopted by voice vote by members present, the meeting returned to open session at 5:33 p.m.

Adjournment

The meeting adjourned at 5:33 p.m.



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RESOLUTION NO. – 2022 – CLARIFICATION REGARDING MUNICIPAL RETIREES IN RELATION TO MUNICIPAL COOPERATIVE AGREEMENT (MCA) REQUIREMENT

Whereas, Section A (5.) of the Municipal Cooperative Agreement states that " Participation in the Medical Plan(s) by some, but not all, collective bargaining units or employee groups of a Participant shall not be permitted without a Board approved waiver", and

WHEREAS, the Consortium continues to support having all collective bargaining units or employee groups in the Consortium risk pool to maintain rate stabilized premiums, and

WHEREAS, there have been some exceptions made, upon entrance, to allow retirees of new members with fully-insured Medicare Advantage Plans to remain with said coverage, and

WHEREAS, the Consortium does not offer Medicare Advantage Plans, and

WHEREAS, several active members are reviewing cost-effective options for their retiree population, including moving from current Consortium coverage to fully insured Medicare Advantage plans with other carriers, and

WHEREAS, the Consortium believes that offering a Medicare Supplement Plan is an excellent option for Medicare eligible retirees; however, due to federal subsidies currently available to fully-insured plans the Consortium's Medicare Supplement Plan is unable to compete with the lower costs of a Medicare Advantage Plan, and

WHEREAS, although the Consortium cannot set up a Medicare Advantage program within the fund the Consortium can provide a convenient, pass-through option as is done with other ancillary benefits offered through the Consortium, now therefore be it

RESOLVED, That the Executive Committee, on behalf of the Board of Directors, hereby wishes to amend Section A (5.) of the Municipal Cooperative Agreement to exclude retirees age 65+ from the required participation in the medical plan(s) by some, but not all, collective bargaining units or employee groups, thus allowing members to participate in a post-employment health care plan or Medicare Advantage Plan of their choosing or through a mechanism to act as a pass through for a Medicare Advantage Program as a retiree plan option for municipalities within the Consortium,

or

RESOLVED, That the Executive Committee, on behalf of the Board of Directors, will hereby enforce That Section A (5) "Participation in the Medical Plan(s) by some, but not all, collective bargaining units or employee groups of a Participant shall not be permitted without a Board approved waiver" will remain in force for all active and retired employee groups of each member, and any member currently enrolled in a fully-insured Medicare Advantage Plan, not offered through the Consortium, will be grandfathered in as a Board approved waiver effective June 1, 2023.

Executive Director Report June 2022

When the Consortium started, we were fortunate to garner the support of Michelle Cocco as our Clerk of the Board. Michelle's role has changed over the years, but her commitment to advancing our mission has always remained steadfast. Although I am thrilled that Michelle is now at a stage in life where she can celebrate retirement both from the County as well as the Consortium, I am saddened that she has put in her final notice for June 17th. We will recognize Michelle at the June Executive Committee meeting for her years of service and dedication to the Consortium.

Lynn Lacko-Sheldon will start as our new Clerk of the Board on June 6th and work closely with Michelle before she completely retires. Lynn has been working at TC3 in the Continuing Education Department as an Administrative Assistant. Lynn's previous work includes working with School Treasurers as part of the Syracuse City School District staff, other accounting roles, and has significant experience with supporting programs and departments with strong administrative and organizational skills. In addition, Lynn has had experience working with municipalities in various rolls and we know she will make a great addition to our team.

Executive Committee

The Executive Committee continues to address issues related to advancing our mission through long-term business planning meetings. Currently, the Committee is reviewing Section A 5. of the Municipal Cooperative Agreement and analyzing the risks associated with changing our policy on full participation for all employee groups.

Audit and Finance Committee

At the April meeting the Audit and Finance Committee met with our external auditors to review the 2021 annual audit. The full report is available on our website and a copy of the report with notes from the Executive Director as the Annual Report was sent in early May to all Directors. The report was accepted thus allowing Finance Manager, Teri Apalovich, to submit the 2021 annual JURAT to the NYS Department of Financial Services.

The new sub-committee working on the Investment Manager's RFP (Request for Proposals) has had discussions with the Audit and Finance Committee on our current Investment Policy Statement and our appetite for any additional risk we may wish to include in our Policy going forward. An amended Policy was approved by the Committee and additional investment vehicles were added. The new Policy will be put before the Board in September. In anticipation of the changes, Wilmington Trust was contacted to ask them to prepare a presentation to the Committee in June regarding their willingness to manage under the new policy and present how they would change our portfolio with these revisions. Their response is below.

"We are very excited to work with Greater Tompkins County Municipal HIC (GTCMHIC) as the investment parameters are expanded to allow for the complete sector allocation of the NY GML. We also look forward to providing our investment management services in the manner consistent with our discretionary investment management relationships.

Once we review the revised Investment Policy Statement (IPS), we will be in touch with any comments or questions. We will ensure that we have a complete understanding of the GTCMHIC objectives including liquidity needs, risk tolerance and statutory constraints. As a discretionary investment manager, we will set the investment strategy within the guidelines of the IPS and our discussions and we will execute. We do not discuss on a trade-by-trade basis, but rather make investment decisions based on the goals and objectives of GTCMHIC as stated in the IPS and market conditions. Our goal is to maximize the yield of the portfolio within the guidelines provided.

Per our discussion today, we will work to model a portfolio reinvesting those securities that will mature prior to September and taking advantage of the sectors where we see value. In today's rising rate environment where the Fed, in an effort to control inflation, is signaling an aggressive rate rise campaign we expect we will keep the portfolio short. The strategy allows us to evaluate the data regarding inflation and interpret what the Fed has planned going forward. This also allows us to redeploy the maturing funds at higher prevailing rates if they hike

Executive Director Report
June 2022

as expected. Our current expectation is that we will keep the portfolio short until such time as we believe the market and interest rates have stabilized.

Operations Committee

The Operations Committee met in April and is continuing to review policies that will help us work more efficiently. A new policy was reviewed to remain compliant with changes to the NYS Open Meetings Law. The draft of the new policy will be advanced for approval at the June Executive Committee meeting. In addition, the Committee is reviewing the performance of our Pharmacy Benefit Manager under the new contract which went into effect on January 1, 2022.

Nominations and Engagement Committee

The Nominations and Engagement Committee met in April to secure candidates to fill vacancies created due to resignations. Discussions have also started on topics for our Board retreat in August and the Annual September Board meeting. One of the goals for this Committee remains how to keep people engaged in the organization as we continue to grow.

Claims and Appeals Committee

The Executive Director, along with Locey and Cahill, met with BMI to review the Executive Summary for our Prescription Drug Audit. The Executive Director recently followed up with ProAct to discuss the audit and any concerns that surfaced as part of the audit. Making sure we receive all manufacturer's rebates in a timely fashion remains an ongoing concern for us and continued discussions will transpire with ProAct regarding this topic. An RFP will commence to review all options available to us towards securing a firm to continue auditing our third-party claims administrators.

The Joint Committee on Plan Structure and Design

New Bylaws have been reviewed and approved. Continued concern remains for how to keep labor representatives involved in our organization, especially to reach quorum for the Joint Committee, but also to fill labor seats on our Board of Directors. The May meeting was jam-packed with information on the performance of our plan including presentations by both Excellus and ProAct on the 2021 Utilization Review. Both reports can be found on our website <http://www.healthconsortium.net/governance/financials>

Our 2022 Blue4U Biometric screenings had a record-breaking year of participation with close to 700 subscribers participating.

Our Benefit Specialist, Kylie Rodrigues, hosted a Wellness seminar on April 28th on advanced care planning. The Webinar was well received, and many participants asked for additional information relative to the topic. Thank you to Karen McMullen, Esq. from Levene Gouldin & Thompson, LLP, for volunteering your time to increase our awareness of important information relative to effective planning.

[Link to Facebook page](#)

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| <p>The June Newsletter will be available shortly. Please check your mailbox and our website for more information.</p> |
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Respectfully submitted by Elin R. Dowd, Executive Director, May 27, 2022.



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RESOLUTION NO. - 2022 – APPOINTMENT OF CLERK OF THE BOARD– LYNNE SHELDON

WHEREAS, due to a planned retirement of Michelle Cocco the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) will have a vacancy in the title of Clerk of the Board, and

WHEREAS, the Executive Director and Selection Committee has conducted interviews and has determined that Lynne Sheldon possesses the necessary knowledge and skills to satisfactorily perform the duties of the Clerk of the Board position and makes the recommendation of appointment, now therefore be it

RESOLVED, That the Executive Committee on behalf of the Board of Directors, hereby approves the Executive Director's recommendation of appointment of Lynne Sheldon as the Clerk of the Board based on a full-time schedule of 40 hours per week, at the hourly rate commensurate within the range approved in the Consortium's budget and salary guidelines effective June 6, 2022, with full-time benefits.



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

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

1. Indemnity Plan MM3

Plan Description:

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

2. Medicare Supplement Plans MS1. MS2. MS5, and MS6

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

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

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

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

, and

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

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

WHEREAS, the removal of these plans from the Consortium’s menu of benefit plans has been recommended by the Consortium’s Consultants, now therefore be it

RESOLVED, on recommendation of the Operations Committee and the Joint Committee on Plan Structure and Design, That the Executive Committee, on behalf of the Board of Directors, hereby Amends Resolution No. 011-2020 “Authorization by the Board of Directors to Remove Benefit Plans from the Consortium’s Menu of Benefit Plan Offerings” to include the following benefit plans be removed from the Consortium’s Menu of Benefit Plan Offerings, and any new or existing members be restricted from enrolling or re-enrolling in the following plans:

1. Classic Blue Indemnity Plans

Plan Descriptions:

MM1- Classic Blue \$50/\$100 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM2- Classic Blue \$100/\$200 Deductible & \$200/\$400 Out-of-Pocket Maximum

MM5- Classic Blue \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM3- Classic Blue MM RX (No ProAct Prescription coverage) \$50/\$150 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

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

2. PPO Plans

- PPO1- PPO \$10/\$35 with \$1,000/\$3,000 Out-of-Pocket Maximum and \$250/\$750 Out-of-Network Deductible
- PPO2- PPO \$15/\$35 with \$1,500/\$4,500 Out-of-Pocket Maximum and \$500/\$1,500 Out-of-Network Deductible
- PPO3- PPO \$20/\$35 with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/\$2,250 Out-of-Network Deductible
- PPOT- PPO \$10/\$100 with \$1,000/\$3,000 Out-of-Pocket Maximum and \$250/\$750 Out-of-Network Deductible

3. Comprehensive Value Plan

- MM6- Comprehensive Plan with \$500/\$1,500 Deductible & \$2,500/\$7,500 Out-of-Pocket Maximum

4. 2-Tier Rx Plans 2T1, 2T2, and 2T3 (No Prior Authorization, Quantity Limit, or Step Therapy)

- 2T1 – 2-Tier Rx Plan with \$1/\$1 generic/brand retail copays and \$1/\$1 generic/brand mail-order copays
- 2T2 – 2-Tier Rx Plan with \$2/\$5 generic/brand retail copays and \$2/\$5 generic/brand mail-order copays
- 2T3 – 2-Tier Rx Plan with \$2/\$10 generic/brand retail copays and \$2/\$10 generic/brand mail-order copays

5. 3-Tier Rx Plans 3T3, 3T5a, 3T6, 3T7, 3T9, 3T10, 3T11, and 3T13

- 3T3 – 3-Tier Rx Plan with \$5/\$10/\$25 Tier 1/2/3 retail copays and mail-order copays at 2x retail
- 3T5a – 3-Tier Rx Plan with \$5/\$15/\$30 Tier 1/2/3 retail copays and mail-order copays at 1x retail
- 3T6 – 3-Tier Rx Plan with \$5/\$15/\$30 Tier 1/2/3 retail copays and mail-order copays at 2x retail
- 3T7 – 3-Tier Rx Plan with \$5/\$20/\$35 Tier 1/2/3 retail copays and mail-order copays at 2x retail
- 3T9 – 3-Tier Rx Plan with \$10/\$25/\$40 Tier 1/2/3 retail copays and mail-order copays at 2x retail
- 3T10 – 3-Tier Rx Plan with \$15/\$30/\$45 Tier 1/2/3 retail copays and mail-order copays at 2x retail
- 3T11 – 3-Tier Rx Plan with 20%/20%/40% Tier 1/2/3 retail and 15%/15%/40% mail-order copays
- 3T13 – 3-Tier Rx Plan with 20%/30%/50% Tier 1/2/3 retail and 20%/30%/50% mail-order copays

RESOLVED, further, That the Board of Directors shall take action to consider eliminating any of these plans from its menu of offerings once the membership drops to below five (5) enrollment and the plan is no longer being offered to active employees or retirees. In addition, this would eliminate MM6 Comprehensive Plan on December 31, 2023 and MM3 Classic Blue MM RX with an end date of December 31, 2022 due to low enrollment.



Greater Tompkins County Municipal Health Insurance Consortium

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

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

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

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

RESOLUTION NO - 2022 - ADOPTION OF AMENDED ONLINE ENROLLMENT POLICY AND COMMERCIAL GROUP HEALTH INSURANCE APPLICATION/CHANGE FORM

WHEREAS, non-online subscriber enrollment has many opportunities for things to slip through the cracks and can result in delays due to the length of time between when a subscriber submits their enrollment change and when it is in the "system", and

WHEREAS, the Consortium's vision statement includes: *"The Consortium administers operations by collaborating with claims administrators, providers, and employee representatives in an effort to manage its costs, efficiencies, and success,"* and

WHEREAS, adopting a policy whereby all enrollment changes being submitted online complies with the Vision Statement and works in concert with the Excellus software system to optimize delivery of service, and

WHEREAS, Excellus has committed to process timelines for online enrollment, now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, adopts the amended "Online Enrollment Policy" ensure all enrollment changes as soon as practicable will be done "online".

* * * * *

**COMMERCIAL GROUP HEALTH INSURANCE APPLICATION/CHANGE FORM
FOR THE
GREATER TOMPKINS COUNTY MUNICIPAL INSURANCE CONSORTIUM**

**Article I
Purpose and Objectives**

A. Purpose

The Greater Tompkins Municipal Health Insurance Consortium adopts the Online Enrollment Policy to ensure that hence forth all new enrollment, additions, deletions, and changes will be done online.

B. Objectives

The Consortium adopts this policy for two reasons:

1. It is important to our subscribers and their employer that each knows that enrollment changes are in the Excellus software system. Only the online process allows this notification to happen in a timely manner.
2. It is important that the municipal partners have a record of enrollment changes: for accurate invoicing by the Consortium and for communication between the municipal benefit managers/clerks and the subscribers in their group(s).

**Article II
Consortium Staffing**

The Consortium recognizes that many of our partners would not have the occasion to use the online system on a frequent enough basis to feel comfortable accepting this mandated policy of only making online enrollment changes. Therefore, the Consortium will provide staff to conduct online enrollment for those municipal partners wishing that service with no fee.

**Article III
Municipality Responsibility**

A. To be clear, the Consortium is strictly providing a data entry function, NOT a human resource function. Municipal partners remain the direct contact with the subscriber. Therefore, the municipal partner is responsible for gathering all required information on the Excellus Commercial Group Health Insurance Application/Change Form “herein after Excellus Enrollment/Change Form” ensuring its accuracy and completeness and ensuring both the subscriber and the municipality have signed the Excellus Enrollment/Change Form. This *form* is the information to be communicated to the Consortium and will be entered online.

B. For all new family plan enrollments, the municipal employer is responsible for verifying the eligibility of dependents via the *Consortium’s Dependent Certification Process*.

C. Municipal partners are free to conduct their own online enrollment. Process expectations are outlined in the *Excellus 2017 Memorandum of Understanding* (MOU). These same employers are also responsible for dependent verification of any newly added dependents to the plan.

For any municipal partners using the Consortium’s online enrollment data entry service, communicate the completed Excellus Enrollment/Change Form to the Consortium through the Consortium’s online web portal or encrypted email to consortium@tompkins-co.org. A third and last option can be to fax: 607-273-5854.

- D. These applications will be handled with HIPAA compliance through the Consortium online enrollment portal. Records will be digitized and retained for a period no less than required by the NYS Records and Retention Schedule.

Article IV

Confirming Municipal Online Enrollment Process

Confirmation of *enrollment options will be included in the application and approval process.*

Article V

Confirmation

Once the enrollment application is received by the Consortium, the enrollment data will be submitted online within three (3) business days. Confirmation of enrollment will be sent back by the Consortium within 3 days of observing the change in the Excellus enrollment software.

Article VI

Contact

All questions and information should be communicated to Consortium Enrollment. Phone (607) 274-5590 or consortium@tompkins-co.org.



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RESOLUTION NO. - 2022 – ADOPTION OF POLICY REGARDING REINSTATEMENT OR TERMINATION OF SUBSCRIBERS

WHEREAS, as a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator, and

WHEREAS, any change past 60 days requires a "Retro Activity Exception Form", and

WHEREAS, additions and changes should not be allowed after the 60-day period unless there is qualifying event and a retro exception request submitted with supporting documentation, and

WHEREAS, this policy has been created to help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber and is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements

now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopts the following policy to govern the length of time transactions must be submitted.

* * * * *

REINSTATEMENT OR TERMINATION OF SUBSCRIBERS POLICY

(Adopted _____)

Purpose:

To help administer any retroactive requests post 60 days of the qualifying event to add or delete a subscriber. It is intended to:

- Prevent adverse selection.
- Ensure subscriber and group satisfaction.
- Ensure timely and accurate reimbursement to providers for services rendered to members.
- Meet limitations regarding the ability to retract claims.
- Reduce administrative and provider costs when claims are adjusted or retracted.
- Comply with Federal and NYS requirements.

Policy:

- As a self-funded plan, the Consortium has **120 days** from the receipt date to make additions, changes, reinstatements and terminations with the Plan Administrator.
- Any change past 60 days requires a "Retro Activity Exception Form."
- Additions and changes should not be allowed after the 60-day period unless there is a qualifying event and a retro exception request submitted with supporting documentation. Documentation includes proof of prior submission, proof of new coverage, proof COBRA was offered to the member, or proof of termination signed by the member and municipality.

This Policy governs the length of time transactions may be submitted to the Consortium or its Plan Administrator. Typically, all additions, changes, reinstatements, and terminations must be received by the Consortium or its Plan Administrator within 10 (ten) days of the qualifying event to ensure a subscriber is in the system accurately and there is no disruption in service and coverage, and the change has become effective immediately after an effective date.

If for some reason a request is not made timely there is only a **120-day window** from the qualified event to make additions, changes, reinstatements, and terminations with the Plan Administrator. However, any late change requests made after the first 60 days of a qualifying event will be subject to additional information or documentation. Documentation includes proof of prior submission, proof of new coverage, or proof COBRA was offered to the member.

Changes requested after the 120-day window will typically be denied unless prior documentation of submission to the Plan Administrator is provided. Any other exceptions to this policy may be subject to review at the Committee level for approval.



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RESOLUTION NO. - 2022 – ADOPTION OF BUSINESS CONTINUITY AND DISASTER RESPONSE PLAN - 2022

WHEREAS, the Department of Financial Services has advised in Insurance Circular Letter No. 7 (2021) that the Consortium must develop a Business Continuity and Disaster Response Plan (BCPDRP) each year, and

WHEREAS, the purpose of a Business Continuity and Disaster Response Plan is to ensure the organization's system of procedures to restore critical business functions in the event of unplanned disaster, and

WHEREAS, Consortium staff has worked in cooperation with the Tompkins County Information Technology Services Department in creating the Consortium's first approved Business Continuity and Disaster Response Plan that was originally adopted September 1, 2021, and

WHEREAS, upon approval, the Plan will be maintained by the Executive Director of the Consortium and shall be made available to all Consortium Participants, Consortium employees, and the Tompkins County Information Technology Services Department, and

WHEREAS, the Business Continuity and Disaster Response Plan shall be updated and approved annually, now therefore be it

RESOLVED, on recommendation of the Operations Committee, that the Executive Committee, on behalf of the Board of Directors, hereby approves the Business Continuity and Disaster Response Plan dated April 25, 2022.

* * * * *

GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE
CONSORTIUM (N9182)

Business Continuity and Disaster Response Plans

BY: TERI APALOVICH

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Overview

This plan has been revised in response to Insurance Circular Letter No. 7 (2021). The Greater Tompkins County Municipal Health Insurance Consortium (“Consortium”), is a self-insured, self-funded, insurance company authorized and certified under Article 47 of NYS Insurance law in October 2010 and jointly owned by its municipal partners. The Consortium’s mission is to be an efficient inter-municipal cooperative that provides high-quality, cost-stable health insurance for members, their employees, families, and retirees.

Consortium membership is available to municipalities in Broome, Cayuga, Chemung, Chenango, Cortland, Madison, Onondaga, Ontario, Oswego, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates Counties. The Board of Directors is made up of directors from all municipal members and six labor representatives.

Objectives

To continue providing quality health care to the members, employees, families, and retirees of the Consortium by maintaining close coordination and planning links with our critical partners on an ongoing basis.

Scope

A key component of the Consortium’s Business Continuity and Disaster Response Plan is to ensure our critical partners have their own plans in place. The Consortium plan contracts with the below critical partners:

- Tompkins County Information Technology Services – Network & Phone Administrator.
- Excellus Blue Cross Blue Shield (BCBS) – third party administrator for health care claims adjudication and utilization of BCBS Provider network.
- Proact – Pharmacy Benefit Manager.
- Town of Ithaca – Landlord/Employer of Record
- Other Consultants, Legal Advisors, Actuaries and Auditors as necessary.

Physical Location

The Consortium offices are physically located at 215 North Tioga Street, Ithaca, New York. Document servers are located within Tompkins County and maintained by such as part of our Third party contract with Tompkins County Information Technology Services.

Training

New Employees of the Consortium will be provided this Plan as part of the on-boarding requirement to read and understand in the case of a disaster. In addition, each employee will participate in, or be made aware of, the annual business impact analysis and future testing of the Business Continuity and Disaster Response Plan.

Responsible Parties

The following are the Consortium’s primary and secondary crisis managers and will serve as the company contacts.

| Title | Name | Phone Number | Email Address |
|--------------------|--------------|----------------------|--------------------------|
| Executive Director | Elin Dowd | 607-274-5590 | edowd@tompkins-co.org |
| Chair of the Board | Judith Drake | 607-273-1722 ext 115 | Jdrake@town.ithaca.ny.us |

It will be the responsibility of the Executive Director (or Chair of the Board) to declare a situation a disaster and activate the Business Continuity and Disaster Plan.

Third-Party Business Partners

| Title | Company | Name | Phone Number | Email Address |
|---------------------------|-----------------|-----------------|-----------------------|-----------------------------|
| Director of ITS | Tompkins County | Greg Potter | 607-274-5417 | gpotter@tompkins-co.org |
| Account Manager - Medical | Excellus BCBS | Brandon Holt | 315-404-0108 | Brandon.Holt@excellus.org |
| Account Manager - PBM | Proact | Morgan Randazzo | 315-413-7780 ext 3697 | morganrandazzo@proactrx.com |
| HR Manager | Town of Ithaca | Judith Drake | 607-273-1722 ext 115 | Jdrake@town.ithaca.ny.us |

Critical Partners

1)Tompkins County Information Technology Services (ITS)

Tompkins County is in the process of adopting a revised Comprehensive Emergency Management Plan (CEMP). This is a formal, all-hazards plan that describes how Tompkins County will organize and respond to emergencies and disasters throughout the County. The County views emergency management planning as a continuous process that is linked closely with training and exercises to establish a comprehensive preparedness agenda and organizational culture that prioritizes increased disaster resiliency. The Tompkins County Department of Emergency Response will maintain the CEMP through a program of continuous improvement, including ongoing involvement of County departments and of agencies and individuals with responsibilities and interests in this plan and its supporting documents. ITS works very closely with the Department of Emergency Response and is a critical partner to local emergency response services and programs. As a result, ITS is directly involved in efforts towards the continuous improvement of the Tompkins County CEMP and the incorporation and advancement of resiliency of technology. The Greater Tompkins County Municipal Health Insurance Consortium IT and data requirements are managed using the same model and practices used for all other County Departments. As a third-party business partner to the Consortium, ITS is able to provide the County standards, critical requirements, and recovery strategies of IT continuity planning and services since they have been incorporated into the County operations and infrastructure. ITS will consider the Consortium’s IT continuity needs each time the CEMP is revised and tested.

2) Excellus BCBS

Business Resilience Program and Pandemic Planning Summary in place through The Lifetime Healthcare Companies to maintain claims functions, data processing, network services, security, and remote access.

3) Proact

Contingency Operations Policy in place through KPH Healthcare Services, Inc to maintain claims functions, data processing, network services, security, and remote access.

4) Town of Ithaca

Public Employer Health Emergency Plan in place to maintain the usefulness of the Consortium office space.

Financial Stability

The Consortium continues to remain a financially strong organization with a robust unencumbered fund balance and the below four additional reserves,

1) Specific Stop-Loss Insurance and Catastrophic Claims Pool

Catastrophic Claims Pool is calculated per the Catastrophic Claims Pool Resolution: prior year ending balance, plus the difference between the \$1M Stop Loss Insurance Premium and the \$600K Stop Loss Insurance Premium, plus the annual interest earned, less claims between \$500K and \$1M (not including any lasered individuals) This is an area which is reviewed by the Executive Committee on behalf of the Board of Directors on an annual basis to ensure a balance is achieved between risk and the cost of stop-loss insurance.

2) Rate Stabilization Reserve

The Consortium's goal is to maintain reasonable, prudent, and modest premium increases for the foreseeable future. The rate set for the reserve is 7.5% of the paid claims for the year.

3) Incurred but Not Reported (IBNR) Claims Liability Reserve

The Consortium continues to see a decrease in the IBNR calculation as determined by the Consortium's Actuaries, Armory Associates, LLC. The IBNR Calculation for 2020 was 5.48%. While this does not directly impact the mandated 12% of paid claims reserve required by the NYS Department of Financial Services, it does provide creditable data demonstrating the IBNR Reserve at 12% is very conservative and amply protects the Consortium for its claims' liability.

4) Surplus Account Reserve

This statutory account is maintained at 5% of the annual premium in compliance with Article 4706(a)(5) of the New York State Insurance Law.

Identifying a Disaster

A disaster may be classified as a fire, tornado, power outage, explosion, bomb threat, hazardous spill or any other situation that would warrant evacuation of the community to protect the lives and safety of the residents and staff.

Disasters could also include pandemics and epidemics. This disaster plan would be implemented if the Town of Ithaca, Tompkins County, New York State, or the United States were to declare a disaster.

Remote Work

All employees of the Consortium can work remotely using laptops and the ITS managed Virtual Private Network (VPN), assuming network and Internet services remain constant. ITS maintains two Internet Service Providers (ISP) connecting the Consortium to the Internet. This connection to the Internet is critical and ITS is continuously evaluating configurations and technology to improve resiliency and performance. The two ISP are configured to be load balanced and redundant. If one fails the other will automatically route all traffic. In addition, ITS encrypts all Consortium devices and will be implementing Multi-Factor Authentication (MFA) to improve security for remote access in 2021. ITS has also deployed software which provides the ability for technical assistance and remote management of all devices for end users.

Communication Channels

Communication with Third-Party Critical Partners will be maintained via Email or Telephone as necessary during Disasters. (Contact names and numbers provided in the previous Third-Party Business Partners table)

Claims Handling Procedures

All claims handling is done by our Third-Party Business Partners – Excellus Blue Cross Blue Shield (Medical claims) and Proact (Prescription Claims). It will be Excellus and Proacts responsibility to ensure they have adequate personnel and information technology systems to maintain Claims processing if this Disaster Response plan is activated.

Restoration Priority

Third-Party Business Partners – Claims Processing

Tompkins County ITS – Network, Computer Programs, Data

Tompkins County ITS – Telecommunication

Critical Computer Programs, Operating Systems and Data Files

1. Office 365 – Email, Teams, Calendaring, group data exchange, file repository and all other Office 365 modules related to the five accounts as managed by ITS under the Tompkins County Microsoft tenant.
2. Microsoft Active Directory – Access control, identity management, role-based rights for access to the Tompkins County network and managed devices.
3. Unstructured Data – Digital file storage is connected to the Tompkins County Storage Area Network (SAN) with specific permissions to Consortium employees. The general management of data and records under this category is by the Consortium with assistance provided by ITS. The SAN product implemented and supported by Tompkins County is based on NetApp technology, with complete backups and redundancy between two County owned data centers.
4. Quickbooks – Desktop version maintained/backed up on Tompkins County’s network.
5. Zoom & YouTube Channel (virtual meetings) – A new YouTube Channel and Zoom have been configured and implemented at the start of the COVID-19 pandemic response. ITS has provided and continues to assist with the virtual meeting use under general cyber security practices.
6. VPN Client - Remote access Virtual Private Network accounts have been created with client configurations on laptops. The VPN use allows for a secure connection to internal IT resources hosted in the Tompkins County data centers.
7. Laserfiche Electronic Document Management System (EDMS) – Form creation, electronic processes, records management, and storage.
8. Web Site – Hosted by a vendor (Discover-eGov) with the site developed and managed by Consortium.
9. Excellus – Management of Health Insurance accounts and details.
10. ProAct – Pharmacy benefit management.
11. Hardware/Network Inventory –
 - 4 Dell Latitude Windows 10 laptops
 - RICOH MP C307 copier
 - Cisco 3650 data switch
 - 4 Mitel/Shoretel Voice Over Internet 230G Phones (VOIP)
 - Network Connection – Dark fiber connection from the Consortium office to the County network is jointly managed by the Town of Ithaca and ITS with FirstLight providing this leased service.

Contingency Plans

In the event one of our Third-Party Business partners experiences a business interruption, we will utilize the Contingency plans that those partners have in effect. (i.e. Excellus can no longer process electronic claims, faxed claims could be an alternative plan).

Plan Testing

This plan will be reviewed for effectiveness on an annual basis by sitting and reviewing the process with our Third-Party Business Partners to see if all process/procedures in this plan will work in the case of a disaster. If any deficiencies are found while doing this testing, a revised Plan will be given to the Consortium’s Executive Committee for approval.

Periodic Review

This plan will be updated as Third-Party Business Partners change and will be reviewed and approved on an annual basis, at a minimum, by the Executive Committee

Storage of Plan

Business Continuity and Disaster Response Plan will be distributed to all Consortium employees. The master copy of the Business Continuity and Disaster Response Plan will be maintained by the Executive Director of the Consortium. A copy of the Business Continuity and Disaster Response Plan will be stored within the Tompkins County Information Technology Services department and in a format that allows access if the servers are down and will allow for printing on demand.



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RESOLUTION NO. – 2022 – APPROVAL OF AMENDED OF INVESTMENT MANAGEMENT POLICY

WHEREAS, the Consortium's Investment Management Policy currently restricts the Consortium from investing in additional investment vehicles that are authorized under General Municipal Law (GML), and

WHEREAS, upon discussion by the Investment Management Subcommittee, there is interest in allowing the Consortium's Investment Manager to have the ability to invest and capitalize on other investments that are permitted under GML and structure a portfolio based on the Consortium's cash flow needs, utilizing instruments that would produce the best return, now therefore be it

RESOLVED, on recommendation of the Investment Management, Audit and Finance, and Executive Committees, That the Board of Directors hereby approves the Consortium's amended Investment Management Policy.

* * * * *

EXHIBIT "A"

INVESTMENT POLICY

FOR

GREATER TOMPKINS COUNTY MUNICIPAL INSURANCE CONSORTIUM

Article I

Purpose and Objectives

A. The purpose of this Investment Policy (the "**Policy**") is to set forth the parameters within which the funds of the Greater Tompkins County Municipal Health Insurance Consortium (the "**Consortium**") are to be managed. In methods, procedures, and practices, the Policy formalizes the framework for the Consortium's investment activities that must be exercised to ensure effective and judicious management of its funds.

B. This Policy applies to all moneys and other financial resources of the Consortium with regard to depositing and investing its assets, and the Policy shall represent the investment constraints of all invested assets.

C. The primary objectives for implementation of the Policy, in priority order, are: (1) to conform with all applicable federal, state and other legal requirements; (2) to adequately safeguard principal; (3) to provide sufficient liquidity to meet all operating requirements of the Consortium; and (4) to obtain a reasonable rate of return.

Article II

Delegation of Authority

A. Pursuant to Section J(5) of the Municipal Cooperation Agreement of the Consortium,¹ the Board of Directors of the Consortium (the "**Board**") may delegate certain responsibilities set forth herein to the Chief Fiscal Officer of the Consortium (the "**CFO**").

B. As set forth in Article II, Section (A) above, the Board hereby delegates to the CFO, the authority to administer the Consortium's investment program (the "**Investment Program**"), and to establish written procedures for the operation of the Investment Program consistent with this Policy, and all applicable federal and state laws². However, any such written procedures shall become effective only upon approval by the Board.

Article III

Standards of Care

A. Prudence.

1. Each person responsible for managing and investing the Consortium's financial assets shall act in good faith and with the care an ordinary prudent person in a like position would exercise under similar circumstances. When making investment and management decisions, the primary objectives for implementation of the Policy set forth in Article I, Section (C) above shall be considered.

¹ See Section J(5) of the 2014 Amendment to the Municipal Cooperation Agreement.

² See Section 10 and 11 of the New York State (the "**State**") General Municipal Law, and Section 4706(b) of the State Insurance Law.

2. In making decisions regarding management and investment of the Consortium's financial assets, the following non-exclusive factors shall be considered, if relevant:

- i. general economic conditions;
- ii. the possible effect of inflation or deflation;
- iii. the role that each investment or course of action plays within the overall investment portfolio of the Consortium;
- iv. the expected total return from income and the appreciation of its investments;
- v. other resources of the Consortium;
- vi. the needs of the Consortium and the specific funds to make distributions and to preserve capital; and
- vii. an asset's special relationship or special value, if any, to the purposes of the Consortium.

B. Ethics and Conflicts of Interest. Officers, members, and employees of the Consortium involved in the investment process shall refrain from personal activity that could conflict with the proper execution and management of the Investment Program, or that could impair their ability to make impartial investment decisions. Officers, members, and employees involved in the investment process shall disclose to the Consortium's Executive Director and the Board any material financial interests they have in financial institutions that conduct business with the Consortium, and shall further disclose any personal financial/investment positions that could be related to the performance of the Consortium's investment portfolio. Officers, members, and employees involved in the Investment Program shall refrain from undertaking any personal investment transactions with the same individual with whom business is conducted on behalf of the Consortium; and shall be bound by the Consortium's Code of Ethics Policy.

Article IV Suitable and Authorized Investments

A. The following investments are permitted by the Policy:

1. U.S. Treasury & Government Guaranteed. Direct obligations of the United States of America and securities fully and unconditionally guaranteed as to the timely payment of principal and interest by the United States of America, provided that the Full Faith and Credit of the United States of America must be pledged to any such direct obligation or guarantee ("**Direct Obligations**").

2. Municipals. Obligations issued or guaranteed by any of the following:

- i. Obligations of ~~the~~ **New York** State; or
- ii. With the approval of the State Comptroller, obligations issued pursuant to Section 24.00 or 25.00 of the State Local Finance Law (i.e. Tax Anticipation Notes and Revenue Anticipation Notes), by any municipality, school district or district corporation in the State, other than the Consortium.

3. Time Deposits. Special time deposit accounts, or non-negotiable certificates of deposit ("**CD**") in a State "banking institution"³ or federally chartered banks, savings and loans or credit unions in excess of insured amounts which are fully collateralized with securities in accordance with State Law.

4. Obligations of other United States state (non New York) rated in one of the three highest rating categories by at least one nationally recognized statistical rating organization.

5. Obligations of counties, cities and other governmental entities of another state having the power to levy taxes that are backed by the full faith and credit of such governmental entity and rated in one of the three highest rating categories by at least one nationally recognized statistical rating organization.

6. Obligations of Puerto Rico rated in one of the three highest rating categories by at least one nationally recognized statistical rating organization

7. Obligations of domestic corporations rated in one of the four highest rating categories by at least one nationally recognized statistical rating organization

8. Any mortgage related securities, as defined in the Securities Exchange Act of 1934, as amended, which may be purchased by banks under the limitations established by federal bank regulatory agencies.

9. Commercial paper and bankers' acceptances issued by a bank (other than the bank with which the money is being deposited or invested) rated in the highest short-term category by one nationally recognized statistical rating organization and having maturities of not longer than sixty days from the date they are pledged.

Article V
Investment Parameters

A. **Diversification.** Investments of funds of the Consortium shall be diversified to limit the risk of loss resulting from the concentration of assets in a specific type of investment, specific maturity, specific issuer or specific sector. The diversification strategy shall be reviewed as frequently as circumstances require, but at least annually.

The following diversification parameters have been established:

| Sector Type | Sector Max (%) | Issuer Max (%) | Ratings Requirement ¹ | Max Maturity |
|--|----------------|----------------|----------------------------------|-----------------------|
| US Treasury and Government Guaranteed | 100% | N/A | N/A | 10 Years ² |
| Municipals | 30% | 5% | Top Three Ratings Categories | 10 Years |
| Time Deposits and Certificates of Deposit | 50% | FDIC Limit | N/A, so long as FDIC-guaranteed | 5 Years |
| Non New York State Municipals | 10% | N/A | Top Three Ratings Categories | 10 Years |
| Puerto Rico | 10% | N/A | Top Three Ratings Categories | 10 Years |
| Domestic Corporations | 10% | N/A | Top Four Ratings Categories | 10 Years |
| Mortgage Related Securities | 10% | N/A | | 10 Years |
| Commercial Paper | 10% | N/A | Highest short-term category | 10 Years |
| ¹ By a Nationally Recognized Statistical Ratings Organization (“NRSRO”) | | | | |
| ² Government guaranteed mortgage backed securities shall have a maximum weighted average life of 10 years | | | | |

B. **Subsequent Credit Downgrades.** In the event of a downgrade of a security below the minimum credit standards for a new investment of that security, the CFO shall evaluate the downgrade on a case-by-case basis, and promptly notify the Board and recommend a course of action. If the CFO and/or the Board has retained a professional investment advisor, the investment advisor shall promptly notify the CFO of any downgrade below the minimum credit standards and recommend a course of action.

Article VI
Investment Institutions

A. All financial institutions and dealers with which the Consortium transacts business shall be creditworthy, and have an appropriate level of experience, capitalization, size and other factors that make the financial institution or the dealer capable and qualified to transact business with the Consortium.

B. The CFO shall evaluate the financial position of all financial institutions and dealers with which the Consortium transacts business, and maintain a listing of proposed depositaries, trading partners, and custodians. Recent Reports of Condition and Income (i.e. call reports) shall be obtained for proposed banks, and security dealers that are not affiliated with a bank, shall be required to be classified as reporting dealers affiliated with the New York Federal Reserve Bank, as "primary dealers."

Article VII

³ As such term is defined in Section 9-r of the State Banking Law.

Qualifications of Broker-Dealers

A. The Consortium shall maintain a list of approved security broker-dealers selected by a process of due diligence, which process shall require all broker-dealer candidates to supply the following:

1. Audited financial statements demonstrating compliance with State and federal capital adequacy guidelines;
2. Proof of certification from the Financial Industry Regulatory Authority;
3. Proof of State Registration required by the State General Municipal Law;
4. Evidence of adequate insurance coverage; and
5. Certification and acknowledgement of having read, understood and agreeing to comply with this Policy.

B. Approved security broker-dealers may include primary dealers or regional dealers registered with the Securities Exchange Commission ("**SEC**") that comply with SEC net capital standards under Section 15c3-1 of the Securities Exchange act of 1934 (the "**Exchange Act**").

C. The Consortium is authorized to employ an external investment advisor that shall maintain its own list of approved and qualified security broker-dealers, subject to the same process of due diligence set forth in Article VII, Section (A) above.

Article VIII
Competitive Transactions

A. To ensure that transactions meet best execution requirements, the Consortium has established the following procedures:

1. The CFO or the investment advisor, to the extent applicable, shall seek to obtain at least three (3) competitive bids or offers on any necessary contract related to the purchase and sale of investments; and
2. The CFO or the investment advisor, to the extent applicable, shall document any competitive bids, offers, or quotations received in reliance on this Article.

B. If the Consortium hires an external investment advisor as permitted by Article VII, Section C of this Policy, the advisor must retain documentation demonstrating compliance with this Article, to the extent it is applicable, and provide such documentation to the Consortium upon request.

Article IX **Securing Deposits and Investments**

A. All deposits and investments at a bank or trust company, including all demand deposits, certificates of deposit and special time deposits (hereinafter, collectively, the "**Deposits**") made by officers of the Consortium that are in excess of the amount insured under the provisions of the Federal Deposit Insurance Act, including pursuant to a Deposit Placement Program in accordance with applicable law, shall be secured by:

1. A pledge of "**eligible securities**"⁴ with an aggregate market value that is at least equal to the aggregate amount of the Deposits;

2. A pledge of a pro rata portion of a pool of eligible securities, having in the aggregate a market value at least equal to the aggregate amount of the Deposits;

3. An "**eligible surety bond**"⁵ payable to the government for an amount at least equal to one hundred percent (100%) of the aggregate amount of the Deposits and the agreed-upon interest, if any, executed by an insurance company authorized to do business in the State, whose claims-paying ability is rated in the highest rating category by at least two (2) nationally recognized statistical rating organizations;

4. An "**eligible letter of credit**,"⁶ payable to the Consortium as security for the payment of one hundred forty percent (140%) of the aggregate amount of the Deposits and the agreed-upon interest, if any. An "eligible letter of credit" shall be an irrevocable letter of credit issued in favor of the Consortium for a term not to exceed ninety (90) days, by a qualified bank (other than the bank where the secured money is deposited). A qualified bank is either one whose commercial paper and other unsecured short-term debt obligations (or, in the case of a bank which is the principal subsidiary of a holding company, whose holding company's commercial paper and other unsecured short-term debt obligations) are rated in one (1) of the three (3) highest rating categories by at least one (1) nationally recognized statistical rating organization, or one that is in compliance with applicable federal minimum risk-based capital requirements; and/or

5. An irrevocable letter of credit issued in favor of the Consortium by a federal home loan bank whose commercial paper and other unsecured short-term debt obligations are rated in the highest rating category by at least one (1) nationally recognized statistical rating organization, as security for the payment of one hundred percent (100%) of the aggregate amount of the Deposits, and the agreed-upon interest, if any.

Article X **Safekeeping and Custody**

A. **Third-Party Safekeeping.** All investment securities purchased for or held as collateral on deposits or investments shall be held by an independent third-party safekeeping institution, such as a bank, trust company, or third-party custodial agent who may not otherwise be a counter-party to an investment transaction, selected by the Consortium (the "**Independent Safekeeping Institution**"), and subject to security and custodial agreements as follows:

1. Consistent with Section 10(3)(a) of the State General Municipal Law, the security agreement shall provide that eligible securities are being pledged to secure the Deposits together with agreed-upon interest, if any, and any costs or expenses arising out of the collection of the Deposits upon a default. It shall also provide the conditions under which the securities held may be sold, presented for payment, substituted or released and the events of default which will enable the local government⁷ to exercise its rights against the pledged securities. Such agreement shall include all provisions deemed necessary and sufficient to secure in a satisfactory manner the local government's interest in the collateral.

2. The custodial agreement shall provide that the pledged securities will be held by the Independent Safekeeping Institution as agent of, and custodian for, a local government, and will be kept separate and apart from the general assets of the Independent Safekeeping Institution, and it shall also provide for the manner in which the Independent Safekeeping Institution shall confirm the receipt, substitution or release of the collateral. Such agreement shall further provide for the frequency of revaluation of collateral by the Independent Safekeeping Institution, and the substitution of collateral when a change in the rating of a security causes ineligibility pursuant to the State General Municipal Law.⁸

3. The security and custodial agreements shall also include all other provisions necessary to provide the Consortium with a perfected security interest in the eligible securities and to otherwise secure the local government's interest in the collateral, and may contain other provisions that the Board deems necessary.

⁴ As defined in Section 10(1)(f) of the State General Municipal Law, and as further set forth in Schedule "A" attached hereto and made a part hereof.

⁵ See State General Municipal Law Section 11(1)(g).

⁶ See State General Municipal Law Section 11(1)(h).

⁷ As such term is defined in Section 10(1)(a) of the State General Municipal Law.

B. Internal Controls. The CFO shall establish a system of internal controls, which shall be documented in writing. The internal controls shall be designed to prevent the loss of funds arising from fraud, employee error, and misrepresentation by third-parties, unanticipated changes in financial markets, or imprudent actions by employees and officers of the Consortium. The system of internal controls shall further provide a satisfactory level of accountability based upon records incorporating the description and amounts of investments, the fund(s) for which they are held, the place(s) where such funds are kept, and other relevant information, including dates of sale or other dispositions and amounts realized. In addition, the internal control procedures shall describe the responsibilities and levels of authority for key individuals involved in the Investment Program.

Article XI **Performance Standards/Evaluation**

A. Assets will be managed in accordance with the parameters specified within this Policy. Performance should be compared to a relevant benchmark or benchmark(s), at regular intervals, but at least on a quarterly basis.

B. Prior to any reporting period, a performance benchmark or benchmarks will be established by the Board. The benchmark(s) shall be reflective of the actual securities being managed and risks undertaken; and the benchmark(s) shall have a similar weighted average maturity and credit profile as the portfolio.

Article XII **Reporting/Disclosure**

A. The CFO shall prepare or have prepared an investment report each quarter, including a summary that provides an analysis of current investments (the "**Investment Report**"). The Investment Report shall be prepared in a manner that will allow the Board to ascertain whether investment activities during the reporting period have conformed to the Policy.

- B. The Investment Report shall include, at a minimum, the following:
1. An asset listing showing par value, cost and accurate and complete market value of each security, type of investment, issuer, and interest rate;
 2. Average maturity and duration of investments;
 3. Maturity distribution; and
 4. Average portfolio credit quality.

⁸ See Section 10(3)(a) of the State General Municipal Law.

Article XIII
Review of Policy

The Board shall review the Policy at least annually, within one hundred twenty (120) days of the end of the fiscal year, to reflect developments affecting the Consortium's finances and activities, and to ensure its consistency with the primary objectives set forth in Article I, Section (C) herein.

Article XIV
Policy Adoption

This Policy is adopted by the Board this 22nd day of March, 2018.

SCHEDULE “A”

Schedule of Eligible Securities for Collateralizing Deposits and Investments in Excess of FDIC Coverage ⁹

| “Eligible Securities” for Collateral | For purposes of determining aggregate “market value,” eligible securities shall be valued at these percentages of “market value”: |
|---|--|
| (i) Obligations issued, or fully insured or guaranteed as to the payment of principal and interest, by the United States of America, an agency thereof or a United States government-sponsored corporation. | 100% |
| (ii) Obligations issued or fully guaranteed by the International Bank for Reconstruction and Development, the Inter-American Development Bank, the Asian Development Bank and the African Development Bank. | 100% |
| (iii) Obligations partially insured or guaranteed by any agency of the United States of America, at a proportion of the market value of the obligation that represents the amount of the insurance or guaranty. | 100% |
| (iv) Obligations issued or fully insured or guaranteed by the State of New York, obligations issued by a municipal corporation, school district or district corporation of this State or obligations of any public benefit corporation which under a specific State statute may be accepted as security for deposit of public moneys. | 100% |
| (v) Obligations issued by states (Other than New York State) of the United States rated in one of the three highest categories by at least one nationally recognized statistical rating organization. | 100% |
| (vi) Obligations of Puerto Rico rated in one of the three highest rating categories by at least one nationally recognized statistical rating organization. | 100% |
| (vii) Obligations of counties, cities and other governmental entities of another state having the power to levy taxes that are backed by the full faith and credit of such governmental entity and rated in one of the three highest rating categories by at least one nationally recognized statistical rating organization. | 100% if rated in the highest category; 90% for 2nd highest; 80% for 3rd highest. |
| (viii) Obligations of domestic corporations rated in one of the four highest rating categories by at least one nationally recognized statistical rating organization. | 100% |
| (ix) Any mortgage related securities, as defined in the Securities Exchange Act of 1934, as amended, which may be purchased by banks under the limitations established by federal bank regulatory agencies. | 100% |
| (x) Commercial paper and bankers' acceptances issued by a bank (other than the bank with which the money is being deposited or invested) rated in the highest short-term category by at least one nationally recognized rating organization and having maturities not longer than sixty days from the date they are pledged. | 100% |

⁹ See State General Municipal Law Subsections (10)(1)(f) ~~(i)-(iv) and (vii)-(i)-(x)~~
<https://www.nysenate.gov/legislation/laws/GMU/10>



Greater Tompkins County Municipal Health Insurance Consortium

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

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

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

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

RESOLUTION NO. - 2022 – AMENDMENT OF RATE STABILIZATION RESERVE POLICY TO DEFINE CLAIMS

WHEREAS, the Consortium's Finance Manager recommends it would be prudent to define claims in the Consortium's Rate Stabilization Reserve Policy, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, that the Executive Committee, on behalf of the Board of Directors, That the Rate Stabilization Reserve Policy be amended to define claims to be: "DFS Jurat NY4 Line 17 Total hospital and medical, which includes Medical and Prescription claims, NYS Graduate Medical Education Tax, Patient Care Outcomes Research Institute Fee (PCORI) less any Stop Loss Recovery received".

* * * * *



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

RESOLUTION NO. – 2022 – AUTHORIZATION TO PARTICIPATE IN NYCLASS

WHEREAS, New York General Municipal Law, Article 5-G, Section 119-o (Section 119-o) empowers municipal corporations [defined in Article 5-G, Section 119-n to include school districts, boards of cooperative educational services, counties, cities, towns and villages, and districts] to enter into, amend, cancel, and terminate agreements for the performance among themselves (or one for the other) of their respective functions, powers, and duties on a cooperative or contract basis, and

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium wishes to invest portions of its available funds in cooperation with other corporations and/or districts pursuant to the NYCLASS (New York Cooperative Liquid Assets Securities System) Municipal Cooperation Agreement Amended and Restated as of March 28, 2019, and

WHEREAS, wishes to satisfy the safety and liquidity needs of their funds, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Executive Committee on behalf of the Board of Directors, hereby authorizes Elin R. Dowd, Executive Director, on behalf of the Greater Tompkins County Municipal Health Insurance Consortium, to participate in the NYCLASS Program under the terms of the NYCLASS Municipal Cooperation Agreement Amended and Restated as of March 28, 2019.

Key Contact Signature

Executive Director

Elin R. Dowd

Printed Name

Date

**The key contact on an account is the main point of contact for an entity. They receive voting credentials for Governing Board elections and all other important communications.*



2022 Fiscal Year Budget Performance Report As of April 30, 2022

Locey & Cahill, LLC
250 South Clinton Street, Suite 340
Syracuse, NY 13202
Tel (315) 425-1424
Fax (315) 425-1394
E-mail: slocey@loceycahill.com

The background of the slide features a close-up photograph of a person's hands in a white shirt sleeve. One hand holds a black pen over a document, while the other hand is positioned near a calculator. The scene is set on a desk with a computer keyboard visible. The right side of the slide is decorated with a green geometric pattern of overlapping triangles.

Section 1

2022 Fiscal Year-to-Date Income Budget vs Actual Results

2022 Income Budget vs Actual (04/30/2022)

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2022 Budget Performance Analysis

Results as of: 4/30/2022
of Months: 4

| | 2022 Adopted Budget | 2022 Amended Budget | 2022 Year-to-Date | 2022 Actual Results | Variance | % Difference | |
|---------------------|--------------------------------|---------------------------|------------------------|------------------------|------------------------|----------------------|---------------|
| Income | | | | | | | |
| | Medical and Rx Plan Premiums * | \$57,752,443.75 | \$55,937,315.28 | \$18,645,771.76 | \$18,361,912.80 | -\$283,858.96 | -1.52% |
| 9020 | Interest | \$45,660.35 | \$45,660.35 | \$15,220.12 | \$12,067.33 | -\$3,152.79 | -20.71% |
| 9010 | Rx Rebates | \$3,000,000.00 | \$3,000,000.00 | \$750,000.00 | \$437,789.74 | -\$312,210.26 | -41.63% |
| 9040 | Stop-Loss Claim Reimbursements | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 9035 | Finance Charge Income | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 9030 | Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| Total Income | | \$60,798,104.10 | \$58,982,975.63 | \$19,410,991.88 | \$18,811,769.87 | -\$599,222.01 | -3.09% |

Key Facts:

1. Total Income was 3.09% below the amended budget, with premium income being 1.52% below the amended budget for the first 4-months of the fiscal year. The amended budget reflects the changes in plan designs and demographics of the participants as detailed below:
 - a. There has been some additional movement of covered members from traditional Indemnity and PPO Plans to the Consortium's Platinum PPO Plan.
 - b. Changes in covered lives and contract counts.
 - c. Enhanced Rx Rebates will be in effect following the June 2022 payment.

2022 Income Budget vs Actual (04/30/2022)

Key Facts (continued):

- c. The number of contracts insured by the Consortium increased by 2.81% and the number of covered lives grew by only 1.94%. 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 | 2,942 | 1,454 | 1,876 | 6,271 |
| 2021 | 3,035 | 1,406 | 1,862 | 6,303 |
| 2022 | 3,119 | 1,422 | 1,884 | 6,425 |

* Member = Employee, Retiree, or COBRA Contract Holder

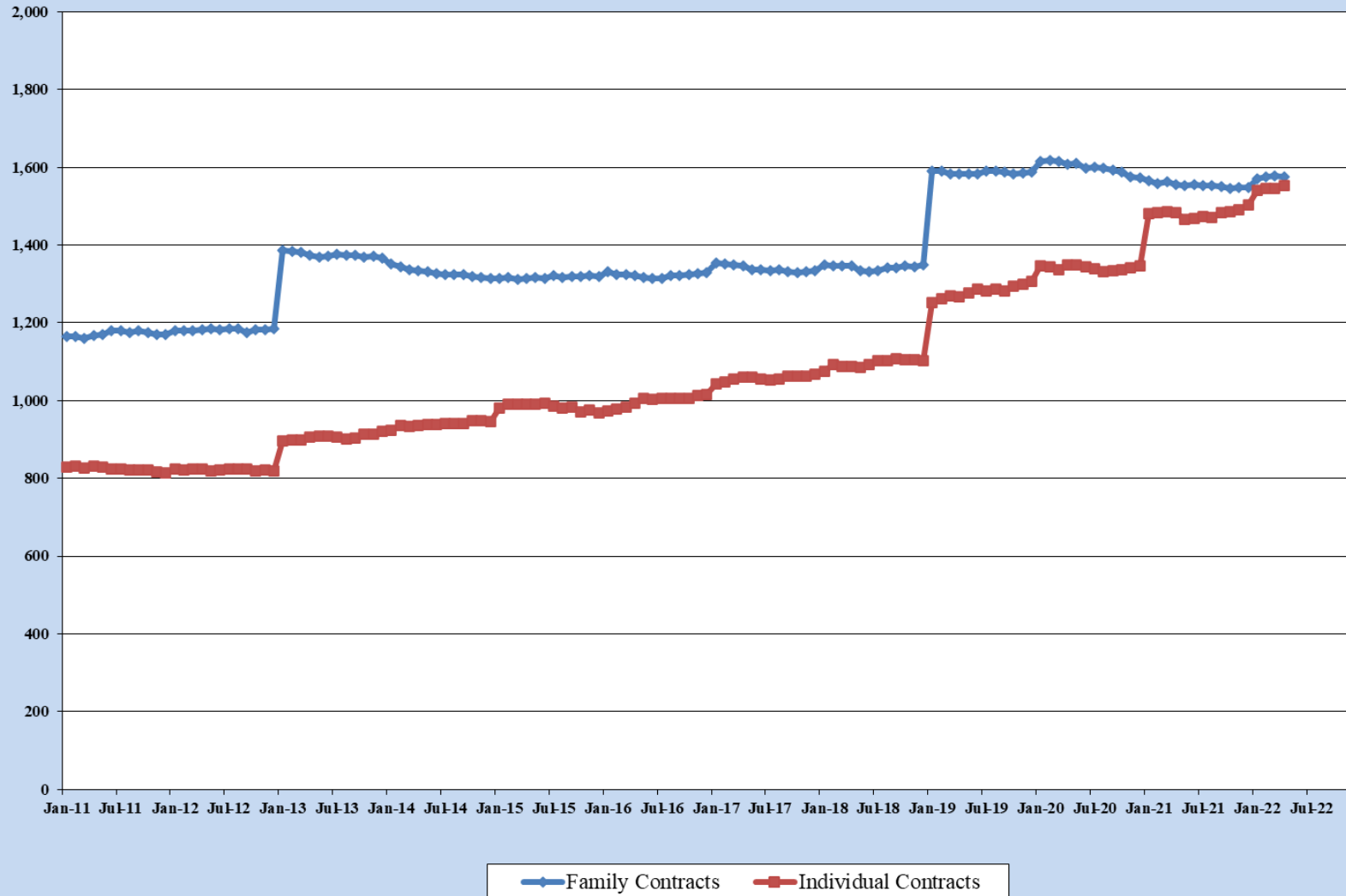
Monthly Average Contract Count by Fiscal Year

| 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 | 1,600 | 1,342 | 2,942 | 2.132 | 3.081 |
| 2021 | 1,555 | 1,481 | 3,036 | 2.076 | 3.101 |
| 2022 | 1,575 | 1,547 | 3,121 | 2.058 | 3.098 |

Greater Tompkins County Municipal Health Insurance Consortium

Monthly Contract Count by Plan Type

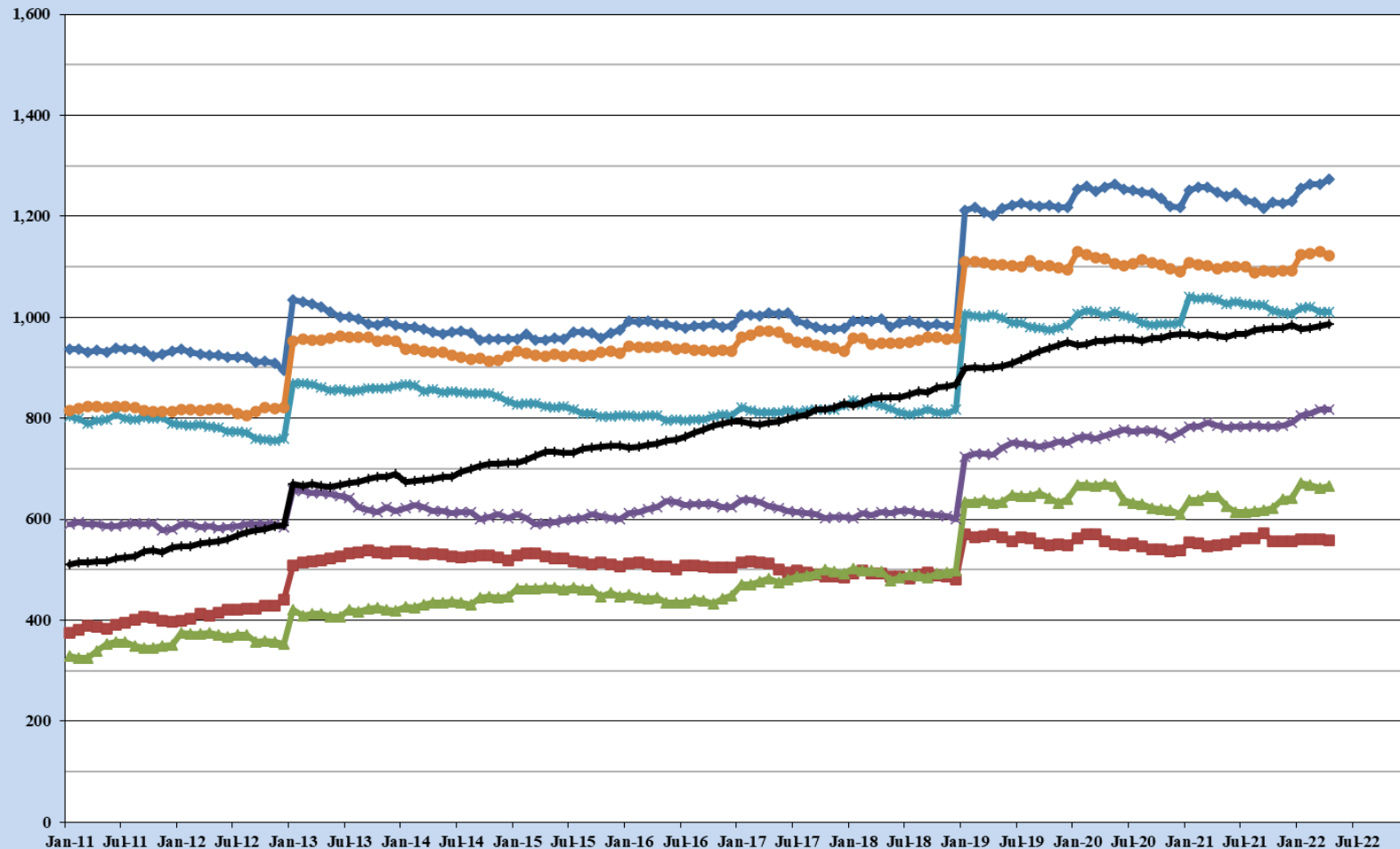
January 1, 2011 to April 30, 2022



Greater Tompkins County Municipal Health Insurance Consortium

Monthly Covered Lives by Age Band

January 1, 2011 to April 30, 2022



2022 Income Budget vs Actual (04/30/2022)

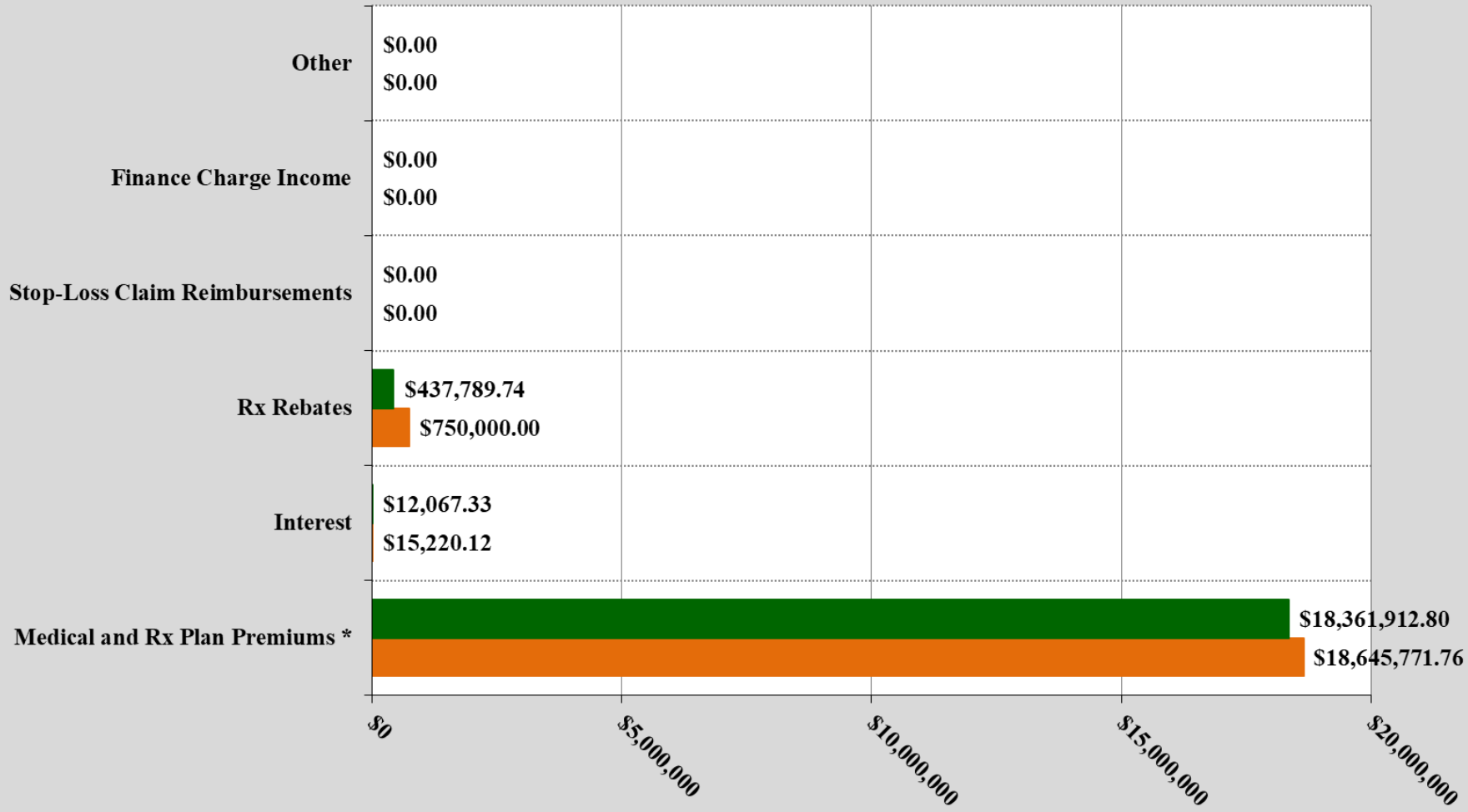
Key Facts (continued):

2. The Consortium invests in notes/bonds which are held to maturity but records gains and/or losses on a monthly basis (“mark to market”). It should be noted that with interest rates falling dramatically during the COVID-19 pandemic, the Consortium’s budget was greatly reduced relative to expected interest earnings for the 2022 Fiscal Year.
3. There has been one pharmaceutical manufacturer rebate payment received from ProAct, Inc. for the 2022 Fiscal Year as of this report. The Consortium received a payment totaling approximately \$438,000 in early April which represents the 3rd Quarter Rebate Payment for the 2021 Plan Year which should have been received in March, so this payment was booked in the 1st quarter by the Consortium.
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 31st. 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

2022 Income Distribution

January 1, 2022 to April 30, 2022

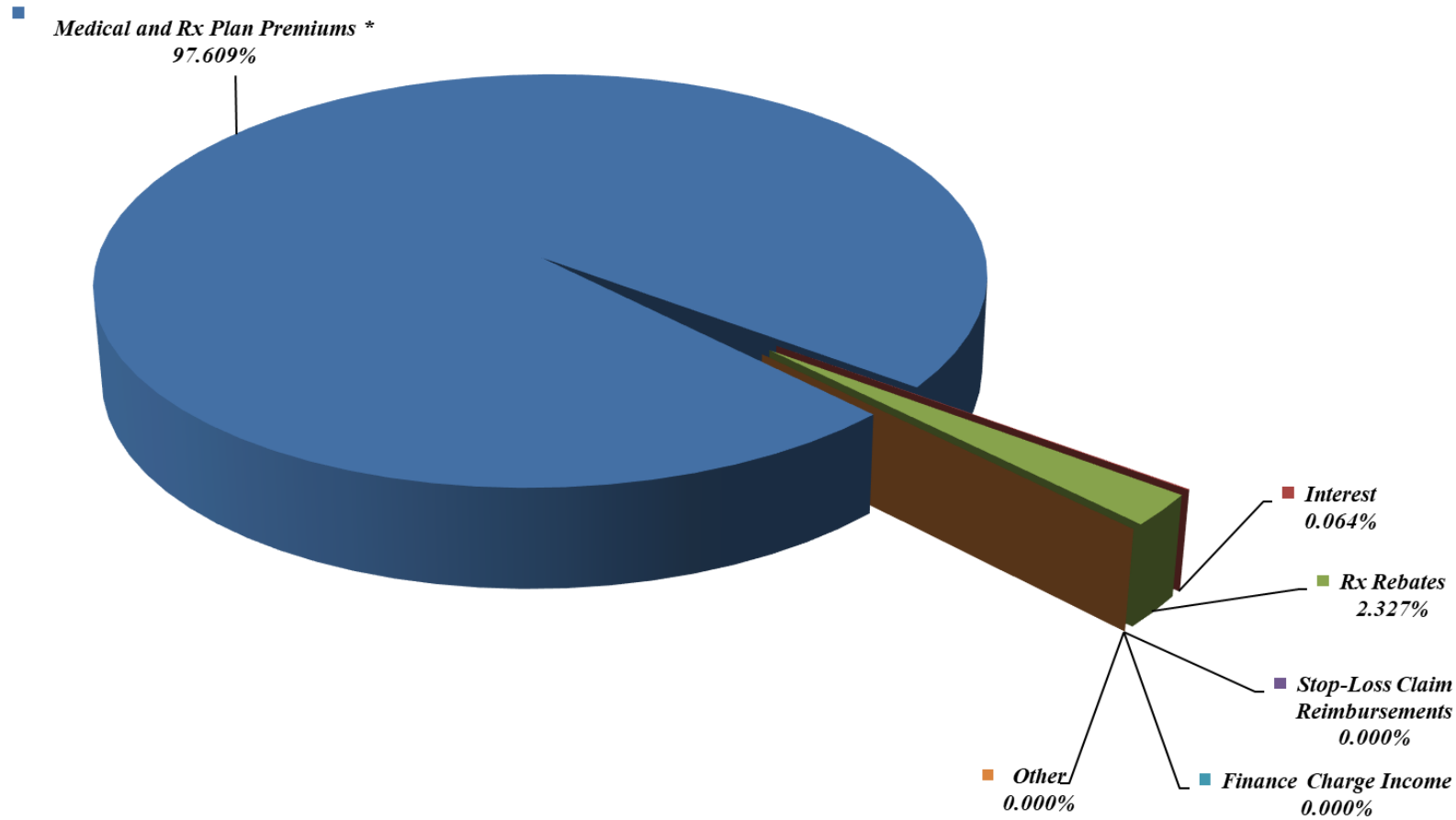


■ 2022 Actual Income ■ 2022 Budgeted Amounts

Greater Tompkins County Municipal Health Ins. Consortium

2022 Income Distribution

January 1, 2022 to April 30, 2022





Section 2

2022 Fiscal Year-to-Date Expense Budget vs Actual Results

2022 Expense Budget vs Actual Results (04/30/2022)

| | | 2022 Adopted Budget | 2022 Amended Budget | 2022 Year-to-Date | 2022 Actual Results | Variance | % Difference |
|-----------------|---------------------------------------|------------------------|---------------------------|----------------------|------------------------|---------------|--------------|
| Expenses | | | | | | | |
| 8090 | Medical Paid Claims | \$40,780,345.45 | \$40,780,345.45 | \$13,266,136.01 | \$12,523,382.65 | -\$742,753.36 | -5.60% |
| | Advance Deposit / Pre-Paid Claims | \$37,344.64 | \$65,900.00 | \$65,900.00 | \$65,900.00 | \$0.00 | 0.00% |
| 8120 | Rx Paid Claims - ProAct | \$16,506,765.82 | \$16,506,765.82 | \$5,396,442.67 | \$5,289,461.95 | -\$106,980.72 | -1.98% |
| 8121 | Rx Paid Claims - CanaRx | \$161,366.59 | \$161,366.59 | \$53,788.86 | \$43,883.30 | -\$9,905.56 | -18.42% |
| 8084 | Flu Clinic Fees | \$20,037.48 | \$23,042.13 | \$7,680.71 | \$0.00 | -\$7,680.71 | -100.00% |
| 8050 | Medical Admin Fees | \$1,521,623.78 | \$1,502,656.92 | \$500,885.64 | \$523,662.80 | \$22,777.16 | 4.55% |
| | Rx Admin Fees | \$206,958.25 | \$226,592.82 | \$75,530.94 | \$89,769.45 | \$14,238.51 | 18.85% |
| 8091 | NYS Covered Lives Assessment | \$391,982.86 | \$319,060.15 | \$106,353.38 | \$123,437.41 | \$17,084.03 | 16.06% |
| 9060 | ACA PCORI Fee | \$18,886.41 | \$18,886.41 | \$18,886.41 | \$0.00 | -\$18,886.41 | -100.00% |
| 8110 | Specific Stop-Loss Insurance (Actual) | \$313,950.00 | \$723,382.00 | \$241,127.33 | \$99,492.13 | -\$141,635.20 | -58.74% |
| 8000 | Accounting Fees | \$19,000.00 | \$19,000.00 | \$6,333.33 | \$9,000.00 | \$2,666.67 | 42.11% |
| 8010 | Actuarial Fees | \$10,000.00 | \$10,000.00 | \$3,333.33 | \$7,200.00 | \$3,866.67 | 116.00% |
| 8020 | Audit Fees (Financial) | \$14,420.00 | \$14,420.00 | \$13,390.00 | \$10,000.00 | -\$3,390.00 | -25.32% |
| 8021 | Audit Fees (Claims) | \$51,295.00 | \$51,295.00 | \$17,098.33 | \$19,875.00 | \$2,776.67 | 16.24% |
| 8055 | Consultant Fees (Barber & Strat Plan) | \$45,000.00 | \$25,000.00 | \$8,333.33 | \$0.00 | -\$8,333.33 | |
| 8030 | Consultant Fees (L&C) | \$91,650.00 | \$91,650.00 | \$30,550.00 | \$30,500.00 | -\$50.00 | -0.16% |
| 8070 | Legal Fees | \$12,000.00 | \$12,000.00 | \$4,000.00 | \$990.00 | -\$3,010.00 | -75.25% |
| 8065 | Wellness Program Costs | \$25,000.00 | \$25,000.00 | \$8,333.33 | \$50.00 | -\$8,283.33 | -99.40% |
| 66001 | Executive Director (Salary) | \$96,450.00 | \$96,450.00 | \$32,150.00 | \$33,384.78 | \$1,234.78 | 3.84% |
| 66002 | Fringe Benefits | \$119,635.00 | \$119,635.00 | \$39,878.33 | \$24,590.70 | -\$15,287.63 | -38.34% |

2022 Expense Budget vs Actual Results (04/30/2022)

| | | 2022 Adopted Budget | 2022 Amended Budget | 2022 Year-to-Date | 2022 Actual Results | Variance | % Difference |
|-----------------------|--|------------------------|---------------------------|------------------------|------------------------|----------------------|---------------|
| Expenses | | | | | | | |
| 66003 | Clerk of the Board (Salary) | \$74,300.00 | \$74,300.00 | \$24,766.67 | \$17,794.63 | -\$6,972.04 | -28.15% |
| 66004 | Admin/Comp Asst (Salary) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 66005 | Benefits Specialist (Salary) | \$56,240.00 | \$56,240.00 | \$18,746.67 | \$19,467.00 | \$720.33 | 3.84% |
| 66006 | Finance Manager (Salary) | \$72,100.00 | \$72,100.00 | \$24,033.33 | \$24,957.72 | \$924.39 | 3.85% |
| 8060 | Insurances (D&O / Prof. Liability) | \$55,650.00 | \$53,004.00 | \$17,668.00 | \$19,422.00 | \$1,754.00 | 9.93% |
| 8041 | Internal Coordination (Finance) | \$20,000.00 | \$20,000.00 | \$6,666.67 | \$6,666.67 | \$0.00 | 0.00% |
| 8042 | Internal Coordination (Support) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 8040 | Internal Coordination Fees (Other) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 8045 | Internal Coordination (Town of Ithaca) | \$6,000.00 | \$6,000.00 | \$2,000.00 | \$2,000.00 | \$0.00 | 0.00% |
| 8044 | Internal Coordination (IT Support) | \$6,485.00 | \$6,681.00 | \$2,227.00 | \$2,227.00 | \$0.00 | 0.00% |
| 9065 | Marketing Expenses | \$2,575.00 | \$8,000.00 | \$2,666.67 | \$702.60 | -\$1,964.07 | -73.65% |
| 9055 | Investment Management Services | \$12,360.00 | \$12,360.00 | \$4,120.00 | \$3,006.80 | -\$1,113.20 | -27.02% |
| 8150 | Supplies Expense | \$4,080.00 | \$4,080.00 | \$1,360.00 | \$1,094.36 | -\$265.64 | -19.53% |
| 8151 | Computer Equipment | \$11,545.00 | \$11,545.00 | \$3,848.33 | \$5,455.81 | \$1,607.48 | 41.77% |
| 8152 | Lease Expense / Parking Fees | \$13,370.00 | \$13,370.00 | \$4,456.67 | \$3,200.00 | -\$1,256.67 | -28.20% |
| 8153 | Mileage- Travel Expenses | \$1,000.00 | \$1,000.00 | \$333.33 | \$0.00 | -\$333.33 | -100.00% |
| 8154 | Software | \$0.00 | \$0.00 | \$0.00 | \$537.08 | \$537.08 | 0.00% |
| 8155 | Postage | \$0.00 | \$0.00 | \$0.00 | \$526.31 | \$526.31 | 0.00% |
| 8156 | Furniture and Fixtures | \$0.00 | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 | 0.00% |
| 8157 | Training & Prof. Dev. | \$0.00 | \$2,000.00 | \$0.00 | \$199.00 | \$199.00 | 0.00% |
| 8158 | Subscriptions | \$0.00 | \$1,000.00 | \$0.00 | \$19.97 | \$19.97 | 0.00% |
| 9005 | Loss on Investments | \$0.00 | \$0.00 | \$0.00 | \$450,175.89 | \$450,175.89 | 0.00% |
| 9060 | Other Expenses / Supplies | \$12,595.00 | \$7,595.00 | \$2,531.67 | \$359.51 | -\$2,172.16 | -85.80% |
| Total Expenses | | \$60,792,011.28 | \$61,143,723.29 | \$20,011,556.96 | \$19,452,392.52 | -\$559,164.44 | -2.79% |
| Net Income | | \$6,092.82 | -\$2,160,747.66 | -\$600,565.09 | -\$640,622.65 | -\$40,057.56 | |

2022 Expense Budget vs Actual Results (04/30/2022)

| | Budget | Revised Budget | Year-to-Date | Actual | | |
|--|------------------------|------------------------|------------------------|------------------------|----------------------|---------------|
| Paid Claims | \$57,505,859.98 | \$57,537,419.99 | \$18,789,948.26 | \$17,922,627.90 | -\$867,320.36 | -4.62% |
| Claims Admin. Fees | \$1,728,582.03 | \$1,729,249.74 | \$576,416.58 | \$613,432.25 | \$37,015.67 | 6.42% |
| Stop-Loss | \$313,950.00 | \$723,382.00 | \$241,127.33 | \$99,492.13 | -\$141,635.20 | -58.74% |
| Taxes and Fees | \$410,869.27 | \$337,946.56 | \$125,239.79 | \$123,437.41 | -\$1,802.38 | -1.44% |
| Professional Services | \$268,365.00 | \$248,365.00 | \$91,371.67 | \$77,615.00 | -\$13,756.67 | -15.06% |
| Insurance/Internal Fees/Investment Losses | \$564,385.00 | \$567,360.00 | \$187,453.33 | \$615,787.83 | \$428,334.50 | 228.50% |
| Total Expenses | \$60,792,011.28 | \$61,143,723.29 | \$20,011,556.96 | \$19,452,392.52 | -\$559,164.44 | -2.79% |
| Net Income | \$6,092.82 | -\$2,160,747.66 | -\$600,565.09 | -\$640,622.65 | -\$40,057.56 | |

The above provides an “easier to read” summary version of the expense data for the Consortium through April 30, 2022. As you will note, the paid claims which collectively include medical, prescription drug, CanaRx, Flu Clinic and any pre-paid claims account for 92.14% of the total expenses of the Consortium through the first 4-months of 2022. We show the overall paid claims to be 4.62% (including the advanced deposit for prepayment of claims) below budget for the 2022 Fiscal Year to Date based on the amended budget as adjusted for the movement of contracts to other benefit plans and with the new municipal partners added to the program. Also, it should be noted that based on the recommendation of the Consortiums Auditor, investment losses are now recorded in account 9005 (Insurance and Internal Fees Above) and amounted to \$450,175.89 as of April 30, 2022.

2022 Expense Budget vs Actual Results (04/30/2022)

Key Facts:

1. We continue to work 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 a third of the way through fiscal year, many of the expense items are 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 3rd month or so as the "run-out" claims (claims incurred on or before December 31, 2021) are the responsibility of their prior insurance carrier.

2022 Expense Budget vs Actual Results (04/30/2022)

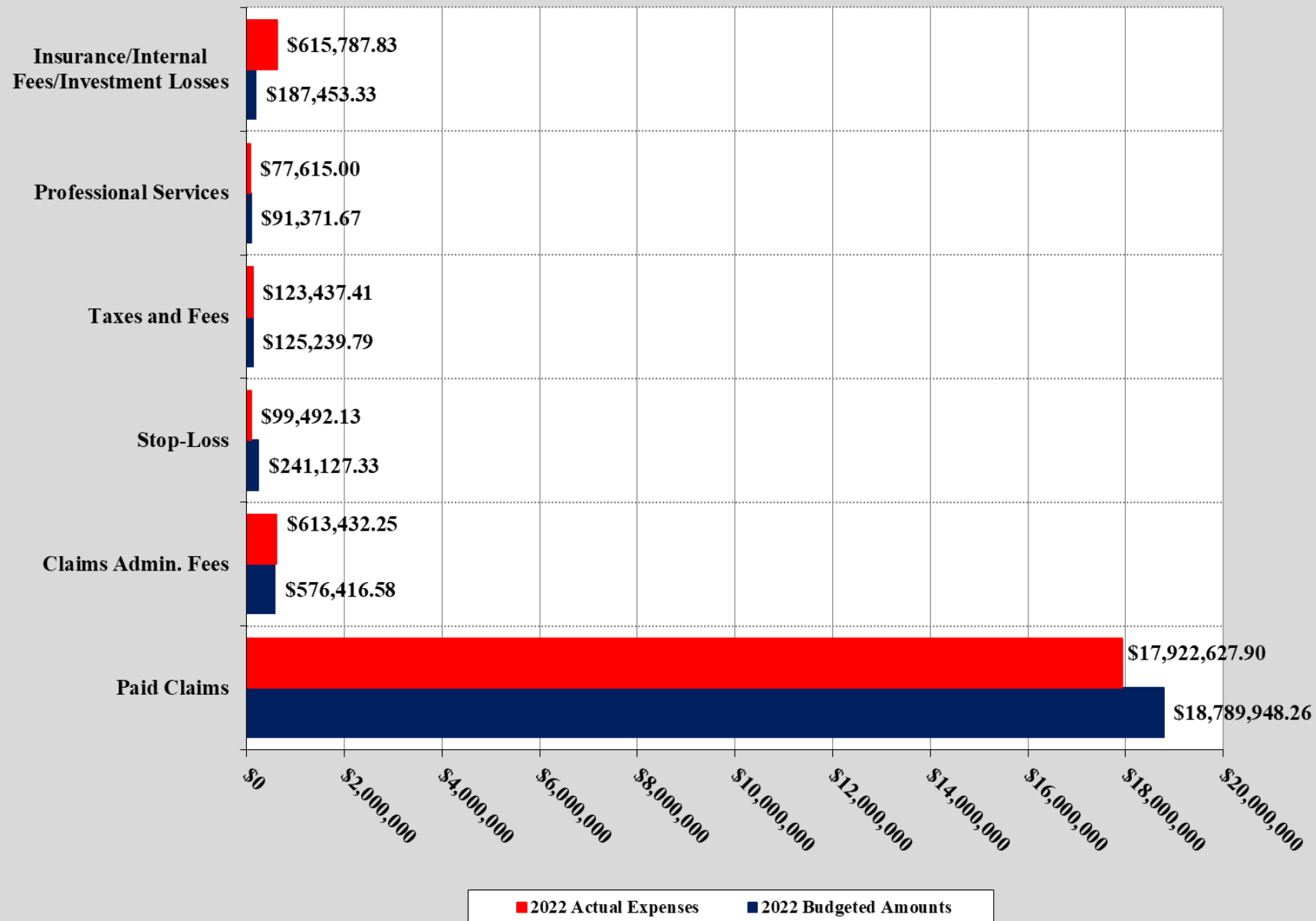
Key Facts:

4. Medical Paid Claims in the first 4-months were **5.57% below the amended budget** for the year and this is the result of:
 - a) An increase in the covered lives ($\uparrow 1.94\%$) and in the number of contracts ($\uparrow 2.81\%$) skews the early 2022 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.
5. Rx Paid Claims were **1.98% below budget** for the first 4-months of the 2022 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 2022 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

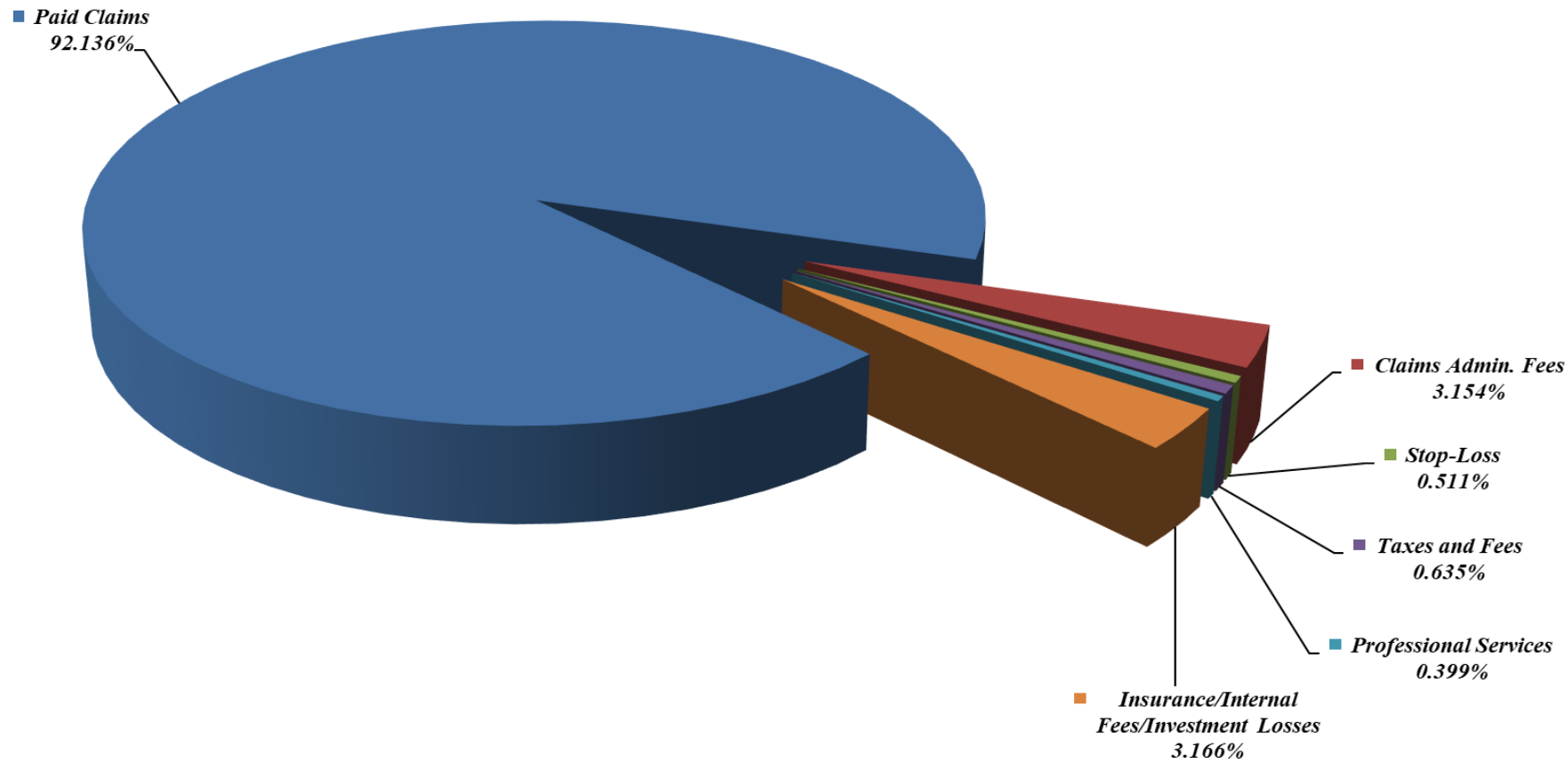
2022 Expense Distribution

January 1, 2022 to April 30, 2022



Greater Tompkins County Municipal Health Ins. Consortium

2022 Expense Distribution
January 1, 2022 to April 30, 2022



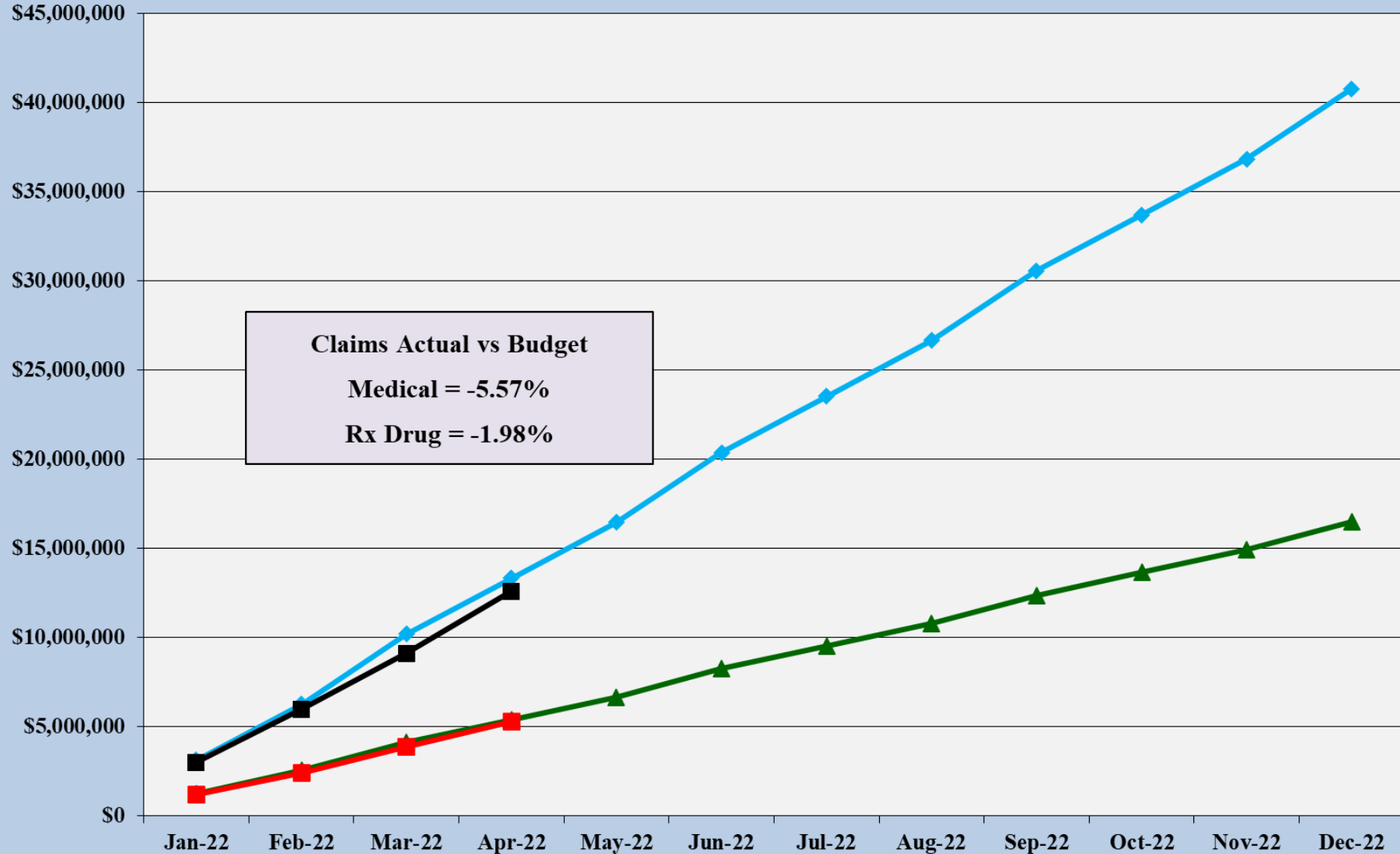


Section 3

2022 Fiscal Year-to-Date
Paid Claims Budget vs Actual Results

Greater Tompkins County Municipal Health Insurance Consortium

2022 Cumulative Paid Claims and Budgeted Claims by Month

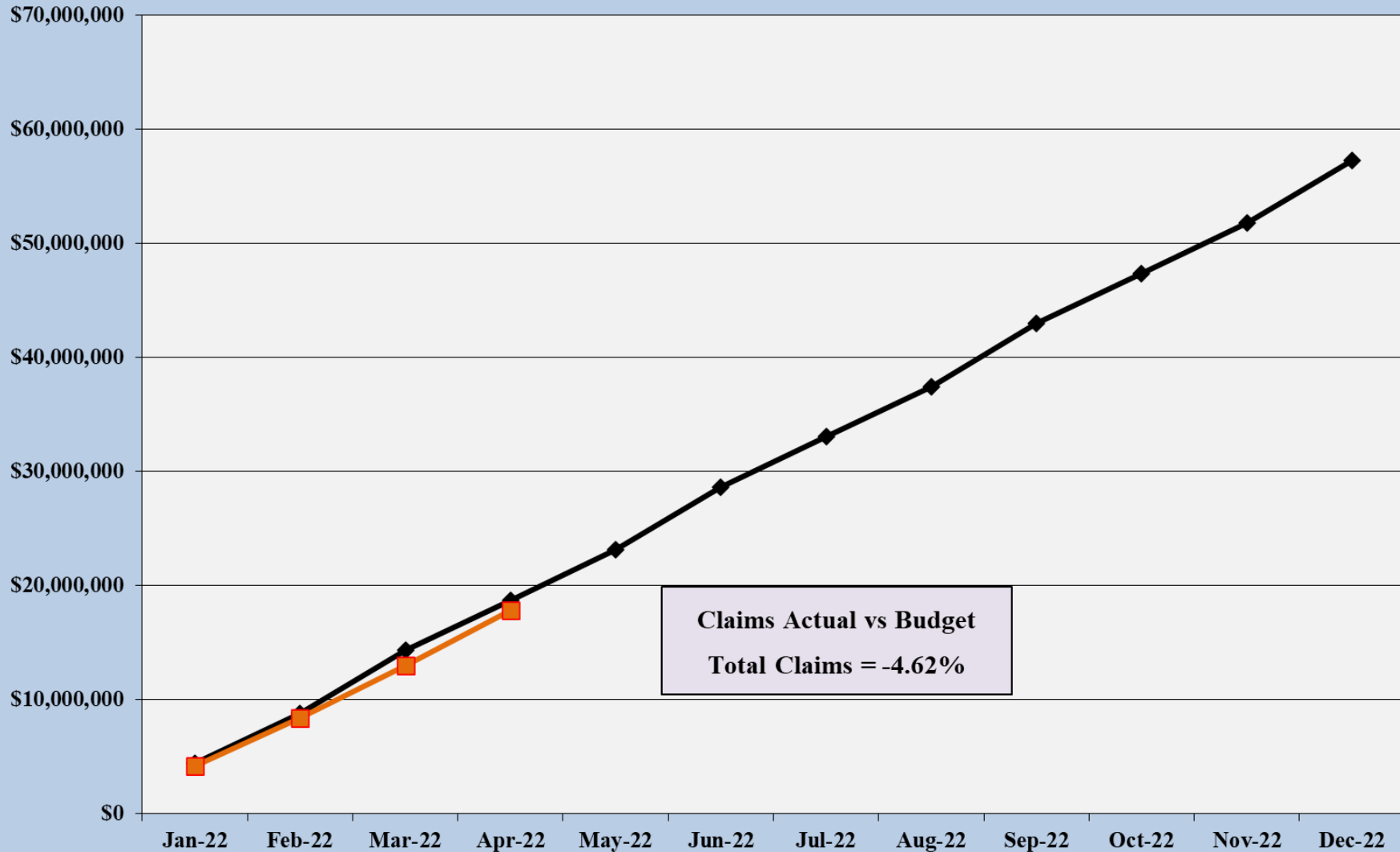


Claims Actual vs Budget
 Medical = -5.57%
 Rx Drug = -1.98%

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

Greater Tompkins County Municipal Health Insurance Consortium

2022 Cumulative Paid Claims and Budgeted Claims by Month

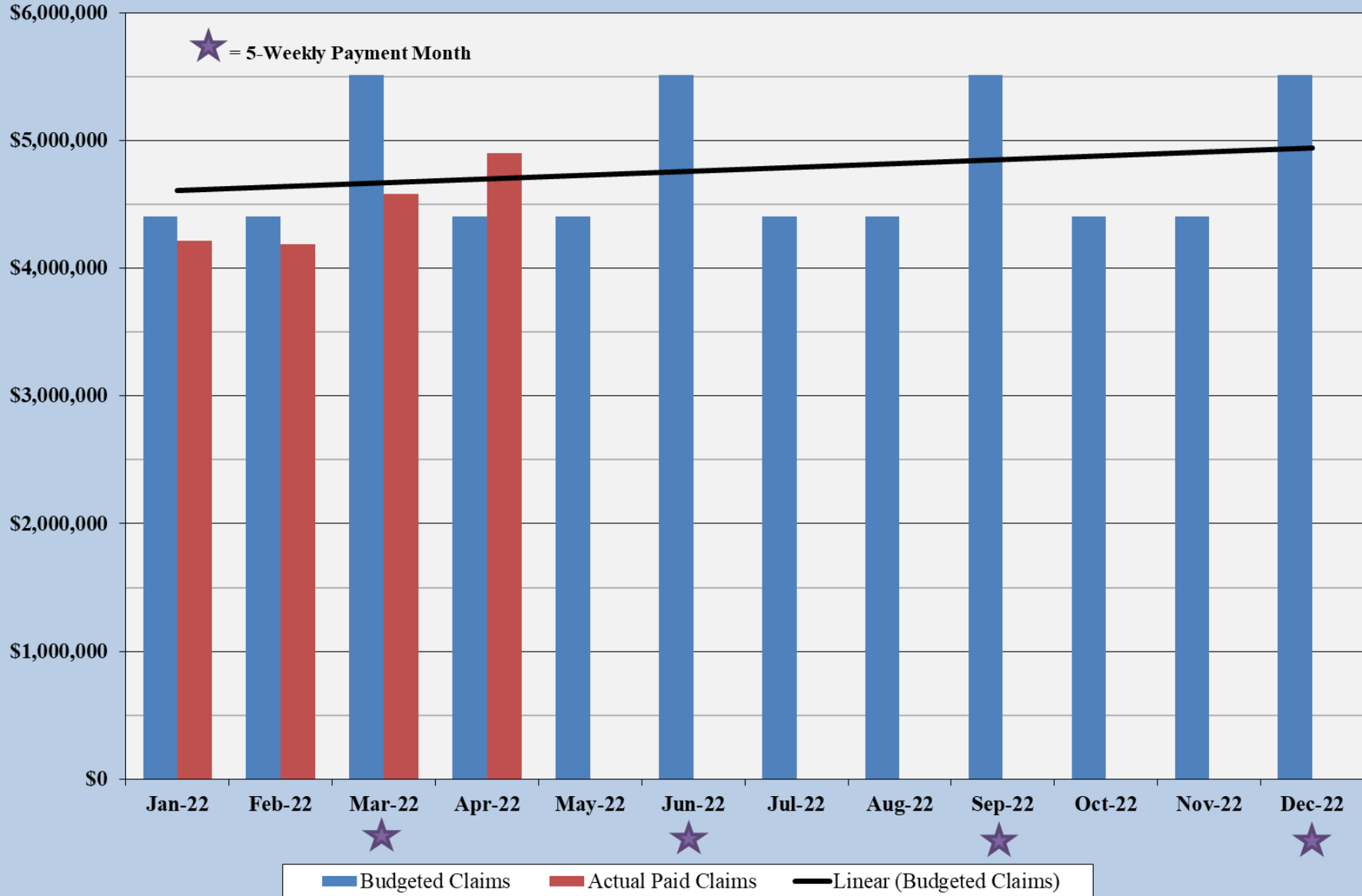


Claims Actual vs Budget
Total Claims = -4.62%

—◆— Budgeted Claims —■— Actual Paid Claims

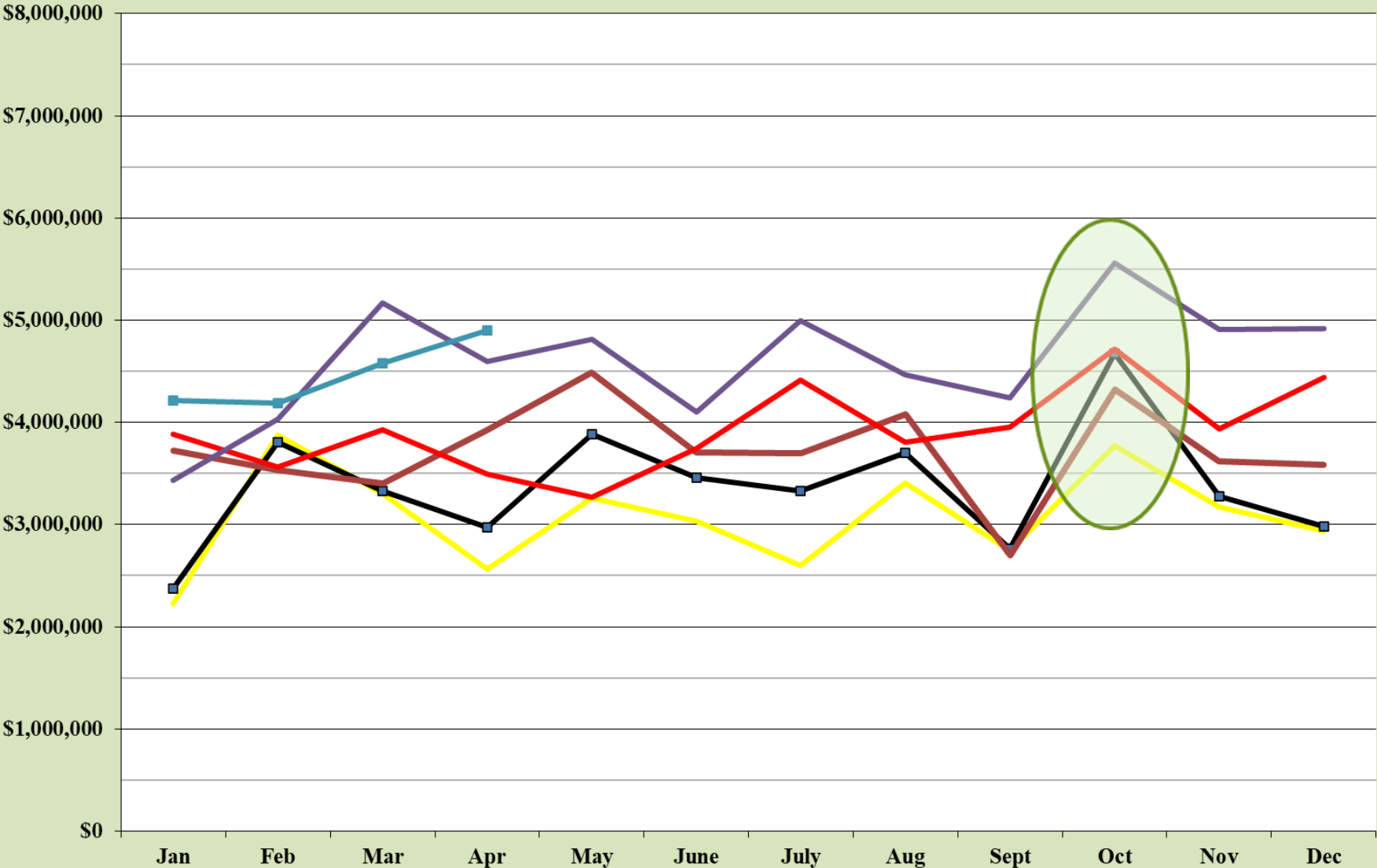
Greater Tompkins County Municipal Health Insurance Consortium

2022 Budgeted vs Actual Paid Claims by Month



Greater Tompkins County Municipal Health Ins Consortium

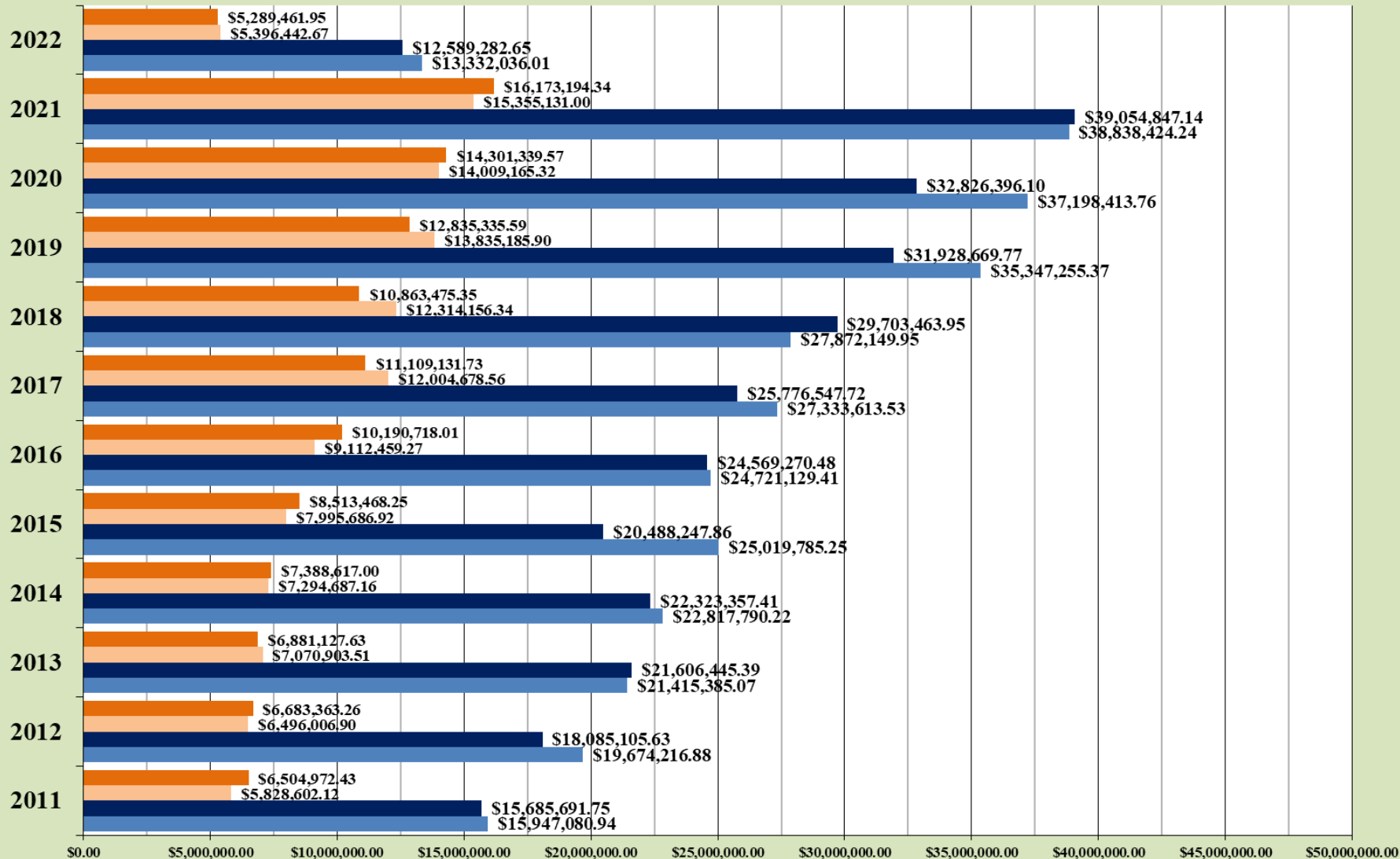
2017-2022 Monthly Paid Claims by Fiscal Year



—■ 2017
 —■ 2018
 —■ 2019
 —■ 2020
 —■ 2021
 —■ 2022

Greater Tompkins County Municipal Health Ins Consortium

2011-2022 (as of 04/30/2022) Annual Paid Claims v Budgeted Claims

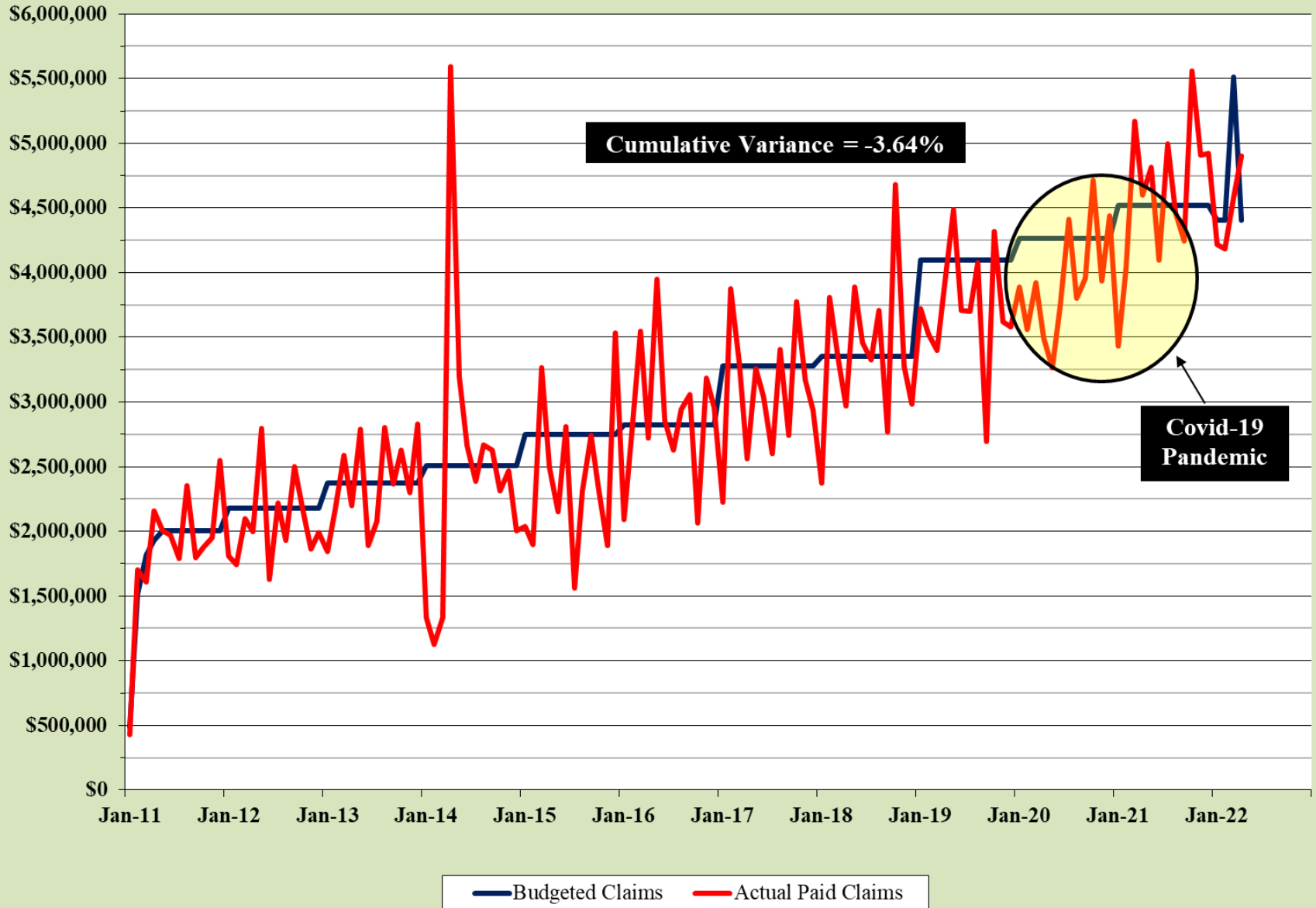


■ Actual Rx Claims
 ■ Budgeted Rx Claims
 ■ Actual Medical Claims
 ■ Budgeted Medical Claims

Greater Tompkins County Municipal Health Ins Consortium

2011-2022 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to April 30, 2022



APPROVED
**MEDICAL
CLAIM**



Section 4

High-Cost Claimants Catastrophic Self-Insurance Pool

Large Loss and Catastrophic Claims History

| 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 | 6,303 | 66 | 23 | 8 | 6 | 5 | \$14,096,053.18 | \$0.00 | \$270,471.20 |
| 2022 | \$1,000,000.00 | 6,425 | 8 | 1 | 0 | 0 | 0 | \$1,206,917.03 | \$0.00 | \$99,492.13 |
| Totals | | 64,573 | 380 | 106 | 32 | 21 | 13 | \$71,066,782.21 | \$2,619,537.80 | \$5,975,835.76 |
| Averages | \$547,916.67 | 5,381 | 31.667 | 8.833 | 2.667 | 1.750 | 1.083 | \$5,922,231.85 | \$218,294.82 | \$497,986.31 |

Overall Stop-Loss Insurance Loss Ratio (Paid Claims ÷ Premium) = 43.84%

Large Loss and Catastrophic Claims History

| Fiscal Year | Specific Stop-Loss Deductible | Number of Covered Lives | Number of Large Loss Claimants | Large Loss Claimants % of Covered Lives | Stop-Loss Insurance Premium Paid | Stop-Loss Insurance Premium PMPM | Total Large Loss Claims Paid | Annual Paid Claims Total | Large Loss Claims % of Total Claims | Catastrophic Claims Reserve |
|-----------------------------|-------------------------------|-------------------------|--------------------------------|---|----------------------------------|----------------------------------|------------------------------|--------------------------|-------------------------------------|-----------------------------|
| 2011 | \$250,000.00 | 4,400 | 13 | 0.30% | \$384,392.52 | \$7.28 | \$2,357,898.22 | \$22,190,664.18 | 10.63% | n/a |
| 2012 | \$275,000.00 | 4,448 | 16 | 0.36% | \$361,366.41 | \$6.77 | \$3,904,221.28 | \$24,768,468.89 | 15.76% | n/a |
| 2013 | \$300,000.00 | 5,077 | 22 | 0.43% | \$592,381.65 | \$9.72 | \$4,079,308.91 | \$28,487,573.02 | 14.32% | n/a |
| 2014 | \$300,000.00 | 5,012 | 18 | 0.36% | \$720,784.39 | \$11.98 | \$3,494,872.81 | \$29,711,974.41 | 11.76% | \$600,000.00 |
| 2015 | \$400,000.00 | 5,021 | 23 | 0.46% | \$642,080.30 | \$10.66 | \$3,722,006.77 | \$29,001,716.11 | 12.83% | \$1,050,000.00 |
| 2016 | \$400,000.00 | 5,063 | 39 | 0.77% | \$766,281.18 | \$12.61 | \$6,070,055.86 | \$34,338,926.47 | 17.68% | \$1,050,000.00 |
| 2017 | \$450,000.00 | 5,172 | 24 | 0.46% | \$738,819.42 | \$11.90 | \$3,057,208.40 | \$36,885,679.45 | 8.29% | \$1,350,000.00 |
| 2018 | \$600,000.00 | 5,201 | 45 | 0.87% | \$442,185.54 | \$7.08 | \$8,913,105.20 | \$40,566,939.30 | 21.97% | \$2,000,000.00 |
| 2019 | \$600,000.00 | 6,174 | 46 | 0.75% | \$693,190.30 | \$9.36 | \$8,874,919.83 | \$44,764,005.36 | 19.83% | \$2,800,000.00 |
| 2020 | \$1,000,000.00 | 6,277 | 60 | 0.96% | \$264,390.72 | \$3.51 | \$11,290,214.72 | \$47,284,890.14 | 23.88% | \$5,032,220.00 |
| 2021 | \$1,000,000.00 | 6,303 | 66 | 1.05% | \$270,471.20 | \$3.58 | \$14,096,053.18 | \$55,410,491.28 | 25.44% | \$4,986,101.85 |
| 2022 | \$1,000,000.00 | 6,425 | 8 | 0.12% | \$99,492.13 | \$5.16 | \$1,206,917.03 | \$17,878,744.60 | 6.75% | \$4,642,294.20 |
| Totals | | 64,573 | 380 | 0.59% | \$5,975,835.76 | \$7.71 | \$71,066,782.21 | \$411,290,073.21 | 17.28% | |
| Averages (2011-2022) | | 5,381 | 32 | 0.59% | \$497,986.31 | \$8.30 | \$5,922,231.85 | \$34,274,172.77 | 17.28% | |

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 0.59% of the Covered Lives Account for 17.28% of Paid Claims

Catastrophic Claims Self-Insurance Pool Activity

Greater Tompkins County Municipal Health Insurance Consortium
Catastrophic Claims Self-Insurance Pool Activity Report

| | | <i>Actual</i> | <i>Actual</i> | <i>4/30/2022</i> |
|---|-------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | 2020 Fiscal Year | 2021 Fiscal Year | 2022 Fiscal Year |
| Budgeted Premium | \$600,000 Deductible | \$762,505.96 | \$876,881.85 | \$241,127.33 |
| Actual Premium Paid | \$1,000,000 Deductible | \$264,390.72 | \$270,471.20 | \$99,492.13 |
| Premium Savings | | \$498,115.23 | \$606,410.65 | \$141,635.20 |
| Member # 000001179452 | Deductible (Laser Applied) | \$1,000,000.00 | \$1,000,000.00 | \$700,000.00 |
| | Actual Claims Paid | \$798,499.59 | \$712,297.59 | \$0.00 |
| | Catastrophic Claims Pool | \$0.00 | \$0.00 | \$0.00 |
| Member # 000014335319 | Deductible | \$500,000.00 | \$500,000.00 | \$500,000.00 |
| | Actual Claims Paid | | \$686,798.19 | \$419.30 |
| | Catastrophic Claims Pool | \$0.00 | \$186,798.19 | \$0.00 |
| Member # 000014235037 | Deductible | \$500,000.00 | \$500,000.00 | \$500,000.00 |
| | Actual Claims Paid | | \$633,727.34 | \$208,870.80 |
| | Catastrophic Claims Pool | \$0.00 | \$133,727.34 | \$0.00 |
| Member # 000012168307 | Deductible | \$500,000.00 | \$500,000.00 | \$500,000.00 |
| | Actual Claims Paid | | \$836,622.21 | \$0.00 |
| | Catastrophic Claims Pool | \$0.00 | \$336,622.21 | \$0.00 |
| Member # 000001551134 | Deductible | \$500,000.00 | \$500,000.00 | \$500,000.00 |
| | Actual Claims Paid | | \$648,218.91 | \$0.00 |
| | Catastrophic Claims Pool | \$0.00 | \$148,218.91 | \$0.00 |
| Catastrophic Claims Self-Insurance Pool Claims | | \$0.00 | \$805,366.65 | \$0.00 |
| Net Impact on Fund Balance | | \$498,115.23 | -\$198,956.00 | \$141,635.20 |

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

** Budgeted Premium is defined as the premium amount the Consortium would have paid if they continued with the previous stop-loss insurance policy of a \$600,000 Deductible*

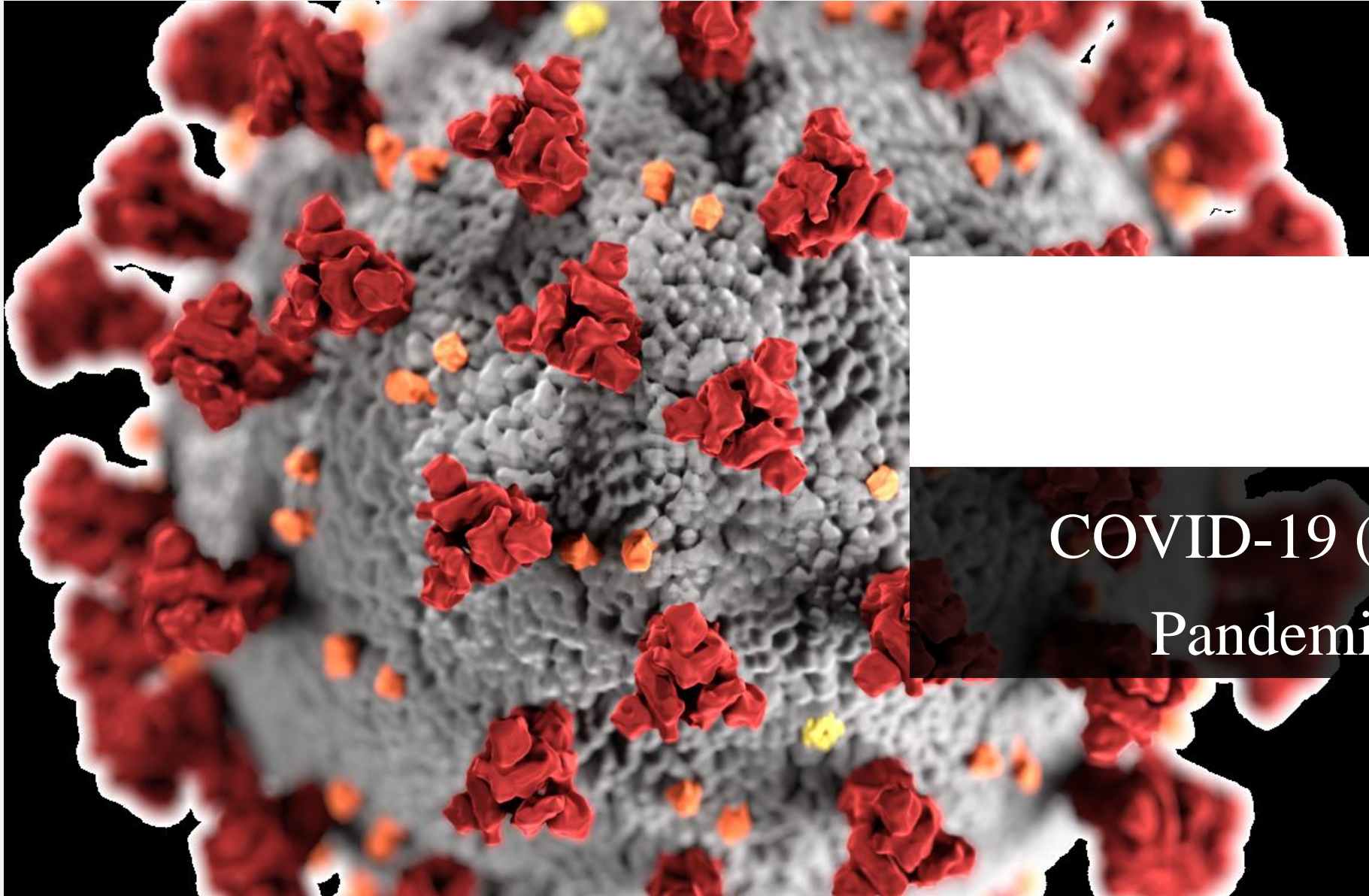
** Actual Premium Paid is defined as the actual premium amount paid by the Consortium for the current stop-loss insurance policy of a \$1,000,000 Deductible*

** Laser Applied is defined as the laser deductible the stop-loss insurance company would have applied to the specific individual if a \$600,000 Deductible stop-loss insurance policy was selected*

Catastrophic Claims Self-Insurance Pool Activity

| Catastrophic Claims Self-Insurance Pool | 2020 Fiscal Year | 2021 Fiscal Year |
|--|-----------------------------|-----------------------------|
| Beginning Balance | \$4,500,000 | \$5,032,220 |
| Interest Income | \$34,105 | (\$19,009) |
| Premium Savings | \$498,115 | \$434,450 |
| (Catastrophic Claims) | \$0 | (\$805,367) |
| Ending Balance | \$5,032,220 | \$4,642,294 |

As of April 30, 2022, the Consortium has lowered its specific stop-loss insurance premium by approximately \$1,246,162, and it has incurred large loss claims between \$500 thousand and \$1 million totaling \$805,366.65. This is a net gain for the Consortium of \$440,794.44. This figure does not take into consideration that the pool is also picking up an extra \$100,000 in risk per member annually.



Section 5

COVID-19 (coronavirus) Pandemic Impact

2020-2022 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 May 11th
 - a) There have been approximately 3,004,584 tests conducted of people in Tompkins County for the presence of COVID-19 (coronavirus).
 - b) There have been 21,144 Tompkins County residents who have tested positive for coronavirus which is 0.704% of the tested population and approximately 20.53% of the County's total population with no reported deaths amongst county residents.
3. The other Counties in the Consortium have the following results:

| | | |
|-------------|-------------------------|---------------------------------|
| a) Cayuga | 359,412 Tests Conducted | 17,375 Positive Results (4.83%) |
| b) Cortland | 283,304 Tests Conducted | 11,365 Positive Results (4.01%) |
| c) Seneca | 125,975 Tests Conducted | 6,391 Positive Results (5.07%) |
| d) Tioga | 210,509 Tests Conducted | 11,719 Positive Results (5.57%) |

2020-2022 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 typical results at the pre-covid level. We will continue to monitor this closely throughout the year and as we begin 2023 budget development.

| Date | Per Excellus BCBS Reports | | Per ProAct, Inc. Reports | | Combined Paid Claims | |
|---------------|---------------------------|-----------------------|--------------------------|---------------------|------------------------|-----------------------|
| | 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 |
| Jan-21 | \$2,839,595.60 | \$98,932.82 | \$1,248,569.04 | \$83,001.85 | \$4,088,164.64 | \$181,934.67 |
| Feb-21 | \$2,289,069.96 | \$110,494.29 | \$1,174,685.51 | \$75,743.36 | \$3,463,755.47 | \$186,237.65 |
| Mar-21 | \$2,675,627.93 | \$107,491.17 | \$1,369,738.41 | \$89,412.10 | \$4,045,366.34 | \$196,903.27 |
| Apr-21 | \$2,810,948.88 | \$129,816.25 | \$1,315,680.71 | \$76,476.00 | \$4,126,629.59 | \$206,292.25 |
| May-21 | \$2,919,393.05 | \$98,910.49 | \$1,350,738.38 | \$71,267.17 | \$4,270,131.43 | \$170,177.66 |
| Jun-21 | \$2,225,447.79 | \$90,369.48 | \$1,368,008.21 | \$76,190.10 | \$3,593,456.00 | \$166,559.58 |
| Jul-21 | \$2,939,073.55 | \$104,367.51 | \$1,391,231.89 | \$70,344.97 | \$4,330,305.44 | \$174,712.48 |
| Aug-21 | \$2,445,790.17 | \$84,249.79 | \$1,413,203.61 | \$71,440.93 | \$3,858,993.78 | \$155,690.72 |
| Sep-21 | \$2,165,302.31 | \$74,853.70 | \$1,326,045.62 | \$66,343.27 | \$3,491,347.93 | \$141,196.97 |
| Oct-21 | \$3,318,384.27 | \$84,534.66 | \$1,438,407.36 | \$68,773.90 | \$4,756,791.63 | \$153,308.56 |
| Nov-21 | \$2,485,674.77 | \$72,775.62 | \$1,352,074.71 | \$70,272.02 | \$3,837,749.48 | \$143,047.64 |
| Dec-21 | \$2,900,092.94 | \$75,817.13 | \$1,424,414.79 | \$66,626.52 | \$4,324,507.73 | \$142,443.65 |
| Totals | \$32,014,401.22 | \$1,132,612.91 | \$16,172,798.24 | \$885,892.19 | \$48,187,199.46 | \$2,018,505.10 |
| | 96.58% | 3.42% | 94.81% | 5.19% | 95.98% | 4.02% |

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 (4/20-12/20) Medical Claims
\$2,187,388.11

2021 Average Monthly Medical Claims = **\$2,667,866.77**

2022 1st 4-months of Medical Claims = **\$2,480,632.35**

| Date | 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 |
| | Jan-22 | \$2,426,933.11 | \$134,155.07 | \$1,203,450.31 | \$98,207.62 | \$3,630,383.42 |
| Feb-22 | \$2,309,898.10 | \$129,751.42 | \$1,205,280.98 | \$84,099.74 | \$3,515,179.08 | \$213,851.16 |
| Mar-22 | \$2,449,232.07 | \$139,029.83 | \$1,464,645.06 | \$97,869.59 | \$3,913,877.13 | \$236,899.42 |
| Apr-22 | \$2,736,466.11 | \$150,673.36 | \$1,470,594.04 | \$83,843.78 | \$4,207,060.15 | \$234,517.14 |

2020-2022 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 2020-2022 Fiscal Years as of April 30, 2022 were collectively more than \$5.1 million below the budgeted amount for the time period.
3. In 2021, October was a relatively high claims month, consistent with the prior four years.
4. As COVID evolves, we continue to monitor the impact 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.

2020-2022 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 & 2021 Fiscal Years, the Consortium paid for 11,867 & 13,636 telehealth visits; for 6,282 & 6,814 covered members; at a total cost of \$1,185,518.42 & \$1,374,179.10 respectively. (YTD 4/2022 = 4,181 visits; 2,134 members; \$380,916.39)
 - 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 April 2022, the number of covered members registered for the telemedicine program modestly increased to 175.



Section 6

2021 Fiscal Year-End
Net Income, Liabilities, and Reserves

2022 Net Income, Liabilities & Reserves

| | 2022 Adopted Budget | 2022 Amended Budget | 2022 Year-to-Date | 2022 Actual Results | Variance | % Difference |
|-----------------------|------------------------|---------------------------|----------------------|------------------------|---------------|--------------|
| Income | | | | | | |
| Total Income | \$60,798,104.10 | \$58,982,975.63 | \$19,410,991.88 | \$18,811,769.87 | -\$599,222.01 | -3.09% |
| Expenses | | | | | | |
| Total Expenses | \$60,792,011.28 | \$61,143,723.29 | \$20,011,556.96 | \$19,452,392.52 | -\$559,164.44 | -2.79% |
| Net Income | \$6,092.82 | -\$2,160,747.66 | -\$600,565.09 | -\$640,622.65 | -\$40,057.56 | |

| | | | | | | |
|-----------------------|-----------------|-----------------|-----------------|-----------------|--------------|-------|
| Ending Balance | \$29,123,540.98 | \$27,745,000.50 | \$28,516,883.07 | \$29,265,125.51 | \$748,242.44 | 2.62% |
|-----------------------|-----------------|-----------------|-----------------|-----------------|--------------|-------|

| Liabilities and Reserves | | | | | | |
|---------------------------------------|---------------------------------------|-----------------|-----------------|-----------------|-----------------|-------------------------------|
| 4010 | IBNR Claims Liability Per §4706(a)(1) | \$6,144,909.49 | \$6,144,909.49 | \$6,866,608.00 | \$6,866,608.00 | 12.0% of Incurred Claims |
| 5010 | Surplus Account Per §4706(a)(5) | \$2,637,289.44 | \$2,637,289.44 | \$2,669,495.09 | \$2,669,495.09 | 5.0% of Premium Income |
| 5014 | Rate Stabilization Reserve | \$3,840,568.43 | \$3,840,568.43 | \$4,004,100.63 | \$4,004,100.63 | 7.5% of Paid Claims |
| 5012 | Catastrophic Claims Reserve | \$4,500,000.00 | \$4,986,101.85 | \$4,642,294.20 | \$4,642,294.20 | Calculation Per Resolution |
| 3500 | Excellus BCBS Advance Deposit | \$761,400.00 | \$788,300.00 | \$788,300.00 | \$788,300.00 | Increased by \$65,900 2/17/22 |
| Total Liabilities and Reserves | | \$17,884,167.36 | \$18,397,169.21 | \$18,970,797.92 | \$18,970,797.92 | |

| | | | | |
|----------------------------------|-----------------|----------------|----------------|-----------------|
| Unencumbered Fund Balance | \$11,239,373.62 | \$9,347,831.29 | \$9,546,085.15 | \$10,294,327.59 |
|----------------------------------|-----------------|----------------|----------------|-----------------|

The net cash assets (unencumbered fund balance) is currently at 18.40% of budgeted premium revenues. This result was achieved while still funding the Rate Stabilization Reserve at 7.5% of Expected Paid Claims and adjusting the Catastrophic Claims Reserve to \$4.64 million. Also, fund balance was reduced in 2020 by the “premium holiday” that was authorized for all municipalities.

Liabilities and Reserves - Defined

LIABILITIES

- The liabilities associated with the Consortium's operations are directly related to covered medical benefits that are incurred by Consortium Members which have yet to be received or paid by the insurance company or plan administrator. For example, if the Consortium were to end its operations on any given December 31st there are going to be covered medical services received by covered members on or before December 31st which will not be paid until sometime after December 31st. This is commonly referred to in the industry as an Incurred but Not Reported (IBNR) and Incurred but Not Paid (IBNP) Claims Liabilities.
- In recent years with the increases in technology associated with the billing and payment of medical benefit claims and with the increase in the volume of prescription drug claims which are inherently electronic in nature, the overall value of this liability has decreased as a percentage of expected/paid claims. In fact, twenty years ago, this liability equaled approximately the value of three (3) months (24%) of annual expected/paid claims. Today, this value is closer to one (1) month (8%) of expected incurred claims and the New York State Department of Financial Services has set this liability for the 2022 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 2022 Fiscal Year budget forecasted this reserve to equal \$6,874,453.35 (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 2022 Fiscal Year, Excellus' estimate of this liability was \$4,713,900 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 2022 Fiscal Year budget forecasts this reserve to equal \$2,796,865.76 (5.0% of projected premium income of \$55,937,315.28). In years where the Consortium approves premium holidays, the Consortium would calculate the Surplus Account reserve requirement based on the full expected premium, versus the artificially reduced premium collected.

Liabilities and Reserves - Defined

CATASTROPHIC CLAIMS RESERVE

- This reserve was established by the Consortium's Board of Directors to protect the financial integrity of the Consortium as the Board made the decision to increase the deductible associated with the Specific Stop-Loss Policy to reduce expenses. It was agreed that the Consortium's risk pool is so substantial in size that it can absorb a significant number of large losses without damaging the financial integrity of the Consortium.
- It was our professional opinion and the opinion of the Board of Directors that there was an acceptable reward versus risk ratio between the reduction of this significant expense, the exposure of large losses, and the cash asset position of the Consortium. This conclusion led the Board of Directors to increase the Specific Stop-Loss Insurance Deductible to \$1,000,000 for the 2020. It was recognized that this decision created a sizeable increase in the exposure to the Plan. To mitigate this exposure, the Board of Directors made the approved a resolution to document the funding method of this reserve fund. Based on that resolution, the Catastrophic Claims Reserve Fund was funded at \$4,642,294.20 as of December 31, 2021.

Liabilities and Reserves - Defined

RATE STABILIZATION RESERVE

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



Section 7

2022 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 | | | | | |

2022 Fiscal Year-to-Date Summary & Observations

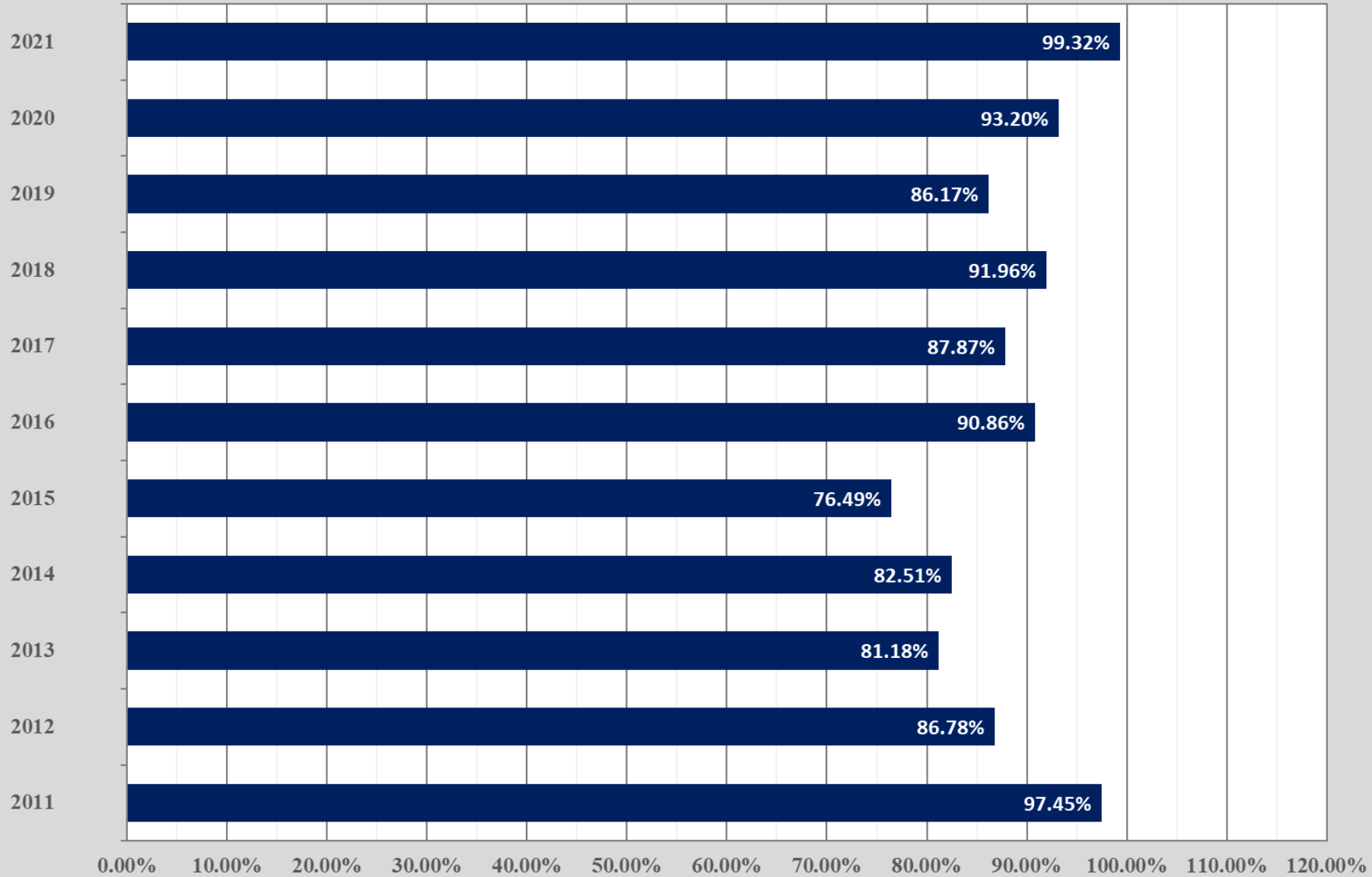
1. The overall revenue of the Consortium is a slightly below budget as of April 30, 2022. We believe that as the Consortium moves through the year, this result will gradually change as enhanced pharmaceutical manufacturer rebates received from ProAct, Inc. increase in the second half of the year. Unfortunately, even with the increased management of the cash assets by the Consortium's Financial Team, in collaboration with Wilmington Trust, interest income continues to struggle.
2. The combined **Medical and Rx Paid Claims were 4.62% below budget** through the first 4-months of the 2022 Fiscal Year. We are keeping a close eye on the paid claims and how they evolve with the changes in the COVID pandemic. Historically, the claims paid during the latter part of the Calendar Year tend to be a bit higher as annual deductibles and out-of-pocket maximums are met in the early months.

2022 Fiscal Year-to-Date Summary & Observations

3. Overall, the Greater Tompkins County Municipal Health Insurance Consortium is performing on par with the amended budget through the first 4-months of the 2022 Fiscal Year. We will need to continue to monitor the “post-COVID” claims trends, especially as we head into the 2023 budget cycle. We are hopeful that the early positive claims trends will continue and allow the Consortium to maintain modest premium increases for 2023 and in the future, providing stability to municipalities budgets.
4. The results experienced by the Consortium as of April 30, 2022 support the Board of Director’s decision to increase premium rates, by a modest 5%, for the 2022 Fiscal Year. With careful planning and monitoring, it may allow for some additional premium relief to assist the Participating Municipalities during potential difficult financial times as COVID relief monies dry up.

Greater Tompkins County Municipal Health Insurance Consortium

Medical Loss Ratio (Paid Claims ÷ Premium)



■ Medical Loss Ratio