



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

October 5, 2022 - 3:30 p.m.
Ithaca Town Hall- Aurora Room

- 1) Call to Order (3:30)
- 2) Changes to the Agenda
- 3) Approval of Minutes: September 7, 2022 Executive Committee
September 22, 2022 Board of Directors
- 4) Chair's Report (3:35) J. Drake
- 5) Executive Director's Report (3:45) E. Dowd
 - a. Executive Director Report
 - b. New Member Updates
 - c. Plan Consolidation vs. Elimination Update
 - d. Resolutions: Resolution to Adopt Medicare Advantage Plan Offerings
 - e. Budget Amendment Process
- 6) Committee Reports/Resolutions (4:15)
 - a. Joint Committee on Plan Structure and Design J. Bower
 - b. Nominations and Engagement E. Fairbrother
 - c. Claims and Appeals B. Shattuck
 - d. Audit and Finance S. Thayer
 - e. Operations L. Holmes
- 7) Financial Update (4:45)
 - a. Finance Manager Update T. Apalovich
 - b. Abstract Approval
 - c. Budget Performance Report (No Update since Board Meeting) S. Locey
 - d. Report on large loss claim activity
- 8) Future Agenda Topics: (5:00)
Locey & Cahill Contract
Stop Loss Renewal
E&O and Other Insurance Renewals
- 9) Adjournment (5:15)

Next Meeting: December 7, 2022



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Executive Committee

Minutes – DRAFT

September 7, 2022 – 3:30 P.M.

Town of Ithaca/Remote Zoom via Satellite Locations

Present: Steve Thayer; Peter Salton; Judy Drake (Chair); Rordan Hart; (Excused 4:45p) Gary Mutchler; Eric Snow; Ed Fairbrother
Excused: Jim Bower; Lisa Holmes; Bud Shattuck
Absent: Ray Bunce
Guests: Scott Steve, Cortland City Mayor (3:38p-3:56p); Steve Locey, Paul Pelton, Locey & Cahill;
Staff: Elin Dowd, Executive Director; Lynne Sheldon, Clerk of the Board; Teri Apalovich, Finance Manager; Kylie Rodrigues, Benefits Specialist, Morgan Randazzo, ProAct

Call to Order

Ms. Drake, Chair, called the meeting to order at 3:36 p.m.

Changes to the Agenda

The order of the agenda was modified slightly as quorum number was counted and confirmed at 3:44pm. The meeting order was switched as the Chair's Report and the Executive Director's Report preceded the approval of the minutes.

Chair's Report

Due to the short wait of quorum confirmation, Ms. Drake asked the Committee for feedback of the Board of Directors Informational Session held the week prior. Positive feedback was made by members. There was also a great reception of the Medicare vs. Medicare Advantage comparison presentation by Ms. Rodrigues. Committee members expressed the informative contents for members, retirees, and personally. The members indicated the information will be passed along to their employees.

Ms. Drake thanked the members who attended the Informational Session in-person and stressed how important having a quorum is for a successful meeting. She also expressed the necessity of the continuation of the Committee's Chair as a voting member, due to the necessity of an extra vote needed at past meetings having a lack of quorum.

Executive Director's Report

Ms. Dowd reported that the Consortium staff is preparing for the yearly Board of Directors Meeting. One top discussion currently is Medicare vs. Medicare Advantage Plan, with hopes of a final decision resolution at the Board Meeting. Some other discussions for the Board include finalizing the 2023 Budget, Municipal Cooperative Agreement (MCA) changes, and updates on the Department of Financial Services (DFS) IT audit currently taking place.

Ms. Dowd mentioned there are 8 new members to present to the Board of Directors, and one more to present to the Audit and Finance Committee next week.

Ms. Dowd also reported that there are current members who are planning to switch from traditional indemnity plans to metal level plans.

Ms. Dowd announced her staff is reviewing items pertaining to contract renewals as many of the Consortium's contracts are up for renewal the final quarter of this year.

Approval of Minutes of August 3, 2022

It was MOVED by Mr. Thayer seconded by Mr. Salton, and unanimously adopted by voice vote by members present, to approve the minutes of August 3, 2022, as submitted. MINUTES APPROVED.

Discussion/Resolution: Authorizing Healthcare Benefits Renewal with Third Party Medical Claims – Administrator – Excellus BlueCross BlueShield

Ms. Dowd mentioned that all third-party contracts must be approved per our MCA by our Board of Directors. Ms. Dowd said the Consortium has received a very appealing contract from Excellus BlueCross BlueShield with less than a 3% increase on Administrative Fees.

Mr. Locey added that the contract holds many of the same terms as last year, however, the contract could be impacted by the Medicare Advantage Plan decision. Some of the concerns include:

- A per contract/per month fee. If the Consortium should lose the approximate 500 contracts from Medicare agencies to the Medicare Advantage, that could increase the Administrative Fee from this year to next year.
- There is a clause in the renewal stating that if the Consortium has an enrollment variation of greater than +/- 10%, BlueCross BlueShield could require a re-rating of the group, and take the renewal back under advisement.
- Locey & Cahill is discussing the necessary cash advance of a week's prepayment of claims to cover a lag from the time Excellus pays claims to the time Excellus can bill the Consortium

**RESOLUTION NO. - 2022 - AUTHORIZING HEALTHCARE BENEFITS RENEWAL
(ADMINISTRATIVE SERVICES AGREEMENT) WITH THIRD
PARTY ADMINISTRATOR - EXCELLUS BLUECROSS
BLUESHIELD**

It was MOVED by Mr. Hart, seconded by Mr. Thayer, and unanimously adopted by voice vote by members present to pass on the resolution for vote to the Board of Directors of the Greater

Tompkins County Municipal Health Insurance Consortium Board of Directors on September 22, 2022.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the current GTCMHIC Municipal Cooperative Agreement defines the actions to be taken by the GTCMHIC Board of Directors to include the approval of contracts with third parties for the furnishing of goods and services, and

WHEREAS, the Audit and Finance Committee has determined that it is in the Consortium's best interest to continue its relationship with Excellus BlueCross BlueShield for the administration of the Consortium's medical claims, and

WHEREAS, Excellus BlueCross BlueShield charges the Consortium an additional integration fee for the carve out pharmacy services which include enrollment file transfer and accumulator integration, and

WHEREAS, Excellus BlueCross BlueShield has agreed to give consideration in future years for Administration Rates to vary based on growth in enrollment numbers and has set discounts at four different contract band levels, 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 approves the 2023 Healthcare Benefits Renewal with Excellus BlueCross BlueShield under the proposed fee structure presented to the Board of Directors for 2023, 2024, and 2025,

RESOLVED, further, That the Chair of the Board be authorized to execute the 2023 contract on behalf of the Consortium.

* * * * *

Discussion/Resolution: Approval of Amended Prescription Benefit Management Contract thru December 31, 2023 – ProAct

Ms. Dowd reminded that the Operation Committee decided to stay with ProAct last year, but there were items that were of concerns. The Operations Committee continues to address these concerns. Originally, there was a three-year pricing contract with ProAct, of which the Consortium only signed a one-year agreement to iron out these concerns. There have not been any changes to the pricing or contract, so there will need to be action to continue with a contract through 2023.

Locey & Cahill have been in conversations with ProAct regarding the rebate schedule. The Consortium is anticipating additional significant refunds due to a 2021 reconciliation, and additional refunds for the current year.

Locey and Cahill have also had conversations with ProAct pertaining to the potential impact of the prescription rebates relative to future Medicare Advantage Plan individuals. Locey & Cahill feel that ProAct has moved in a positive direction with the Consortium's concerns as ProAct is determined to keep the Consortium as their client.

RESOLUTION NO. - 2022 - AUTHORIZE EXTENSION OF CONTRACT FOR PRESCRIPTION DRUG CLAIMS ADMINISTRATOR FOR 2023 – PROACT

It was MOVED by Mr. Mutchler, seconded by Mr. Fairbrother, and unanimously adopted by voice vote by members present to pass on the resolution to the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium.

WHEREAS, the Board of Directors by Resolution No. 029-2018 authorized a two-year extension of the Consortium's contract with ProAct for Prescription Benefits Manager services, and

WHEREAS, the Audit and Finance Committee has discussed and desires to extend the Prescription Benefits Manager services with ProAct for an additional year pursuant to the Contract Addendum proposed September 9, 2021, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the contract with ProAct for Prescription Benefits Manager services be extended per the terms outlined in the Addendum for the period January 1, 2023 through December 31, 2023,

RESOLVED, further, That Chair of the Board of the Greater Tompkins County Municipal Health Insurance Consortium is hereby authorized to execute said contract with ProAct, Inc.

* * * * *

Resolution: Authorizing Contract for Premium Equivalent Actuarial Audit Services

Ms. Dowd discussed that the Long-Term Planning group, along with some of the other Consortium's Committees, have recommended auditing our current premium levels by using an outside firm to come in and audit numbers into a projection study for the Consortium. This study would support discussion about the Consortium's offered plans in general, if the plans are priced effectively, and if there is momentum to move away or towards a particular plan, how that would affect other plans. The Consortium has had a previous relationship with Segal, who is interested in preparing the study for us, and has provided the Consortium with a quote.

Ms. Drake verified with Ms. Apalovich if the current budget had available funds for this study, and a resolution was written to not exceed a certain dollar amount.

Mr. Salton asked the group to recap previous conversations regarding Segal. Mr. Hart explained that the Consortium has a great respect for Locey & Cahill, but there is a need as some municipalities feel that the Consortium's fund balances are too large. When a third-party looks at where our premiums are, then this would help to alleviate the thoughts of the Consortium having too large of a fund balance and using a third party would also separate the long-standing relationship the Consortium has with Locey & Cahill. On the reversal, the third-party audit may find that the Consortium's premiums need to be increased. Mr. Hart added that with the additional municipalities joining the Consortium, this in an ideal time for this audit, particularly in a long-range planning discussion. Mr. Fairbrother agreed with Mr. Hart and voiced that the Consortium is too large of an organization not to have a solid fund balance.

RESOLUTION NO. 018 - 2022 - APPROVAL TO SECURE CONTRACT WITH THE SEGAL COMPANY TO COMMENCE A PARALLEL PREMIUM EQUIVALENCY RATING EXERCISE

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

WHEREAS, Locey & Cahill, Plan Consultants, perform a premium equivalent rating exercise annually during the budgeting process; and

WHEREAS, the Consortium desires to perform a "parallel" rating exercise or "audit" to ensure that the plans are being rated appropriately so that each plan is viable on its own or to define any vulnerabilities within the rates; and

WHEREAS, by performing an "audit" of the current premium equivalent rates it is an investment in the future success of the Consortium as members make plan enrollment shifts and new members join the Consortium; and

WHEREAS, the Consortium has had a relationship for the past few years with the Segal Company regarding analyzing and consulting on various topics, including advising on retiree plan options and an analysis of the organization prior to hiring full-time staff members, now therefore be it

RESOLVED, that the Executive Committee recommends securing a contract with the Segal Company for a parallel premium equivalent exercise "audit" as outlined in Segal's July 27, 2022, proposal, at a rate not to exceed \$75,000, and authorizes the Executive Director to provide the necessary information to commence the parallel exercise.

* * * * *

Review Medicare Advantage and EGWP Request for Quotes

Ms. Dowd announced that the Consortium is looking for ways to lower retiree costs with a Medicare Advantage Plan. The Consortium is in the first stages and looking for recommendations to narrow provider choices and verification if this is the direction the Consortium would like to continue. Locey & Cahill prepared a Request for Proposal (RFP). There were 5 different companies who responded. Locey & Cahill presented a spreadsheet for the Committee to view.

Mr. Locey expressed that any changes made will have an impact on everyone else. The Committee will need to think about the impact this could make on the Consortium's Excellus BlueCross BlueShield coverage and would they re-rate us which would increase the per month amount. Another concern is with ProAct and how this would affect the Consortium's RX Rebates. On the provider network side, there also may be some differences and limitations.

Mr. Salton asked if these plans were low deductible plans, Mr. Locey concurred.

Ms. Dowd added that one item that is not shown on the presentation is if the Consortium looked at fully insured on the medical portion, and self-funded on the prescription drug portion. All vendors quoted with just the medical portion, so if the Consortium wanted to leave prescription drugs with ProAct or select another vendor, we would have that option. However, with the current information we have the fully insured medical rate does not come down enough to support a self-funded claims payment, plus an administrative fee. Ms. Dowd stressed that given the information we have reviewed to data fully insured on both medical and prescription was more financially appealing. In a Medicare Advantage plan the premiums for a retiree would be in addition to their payment made towards their Medicare Part B. Mr. Locey said that they will provide this information for the Committee to view next meeting.

Ms. Drake added she would like to see the MS4 and where the premium is with a comparison of what we are already offering, and the differences.

Mr. Fairbrother spoke of his municipality's retirees using United Health Care for two years and their retirees are in favor of staying with their current plans.

Mr. Hart expressed anticipation of the formulary data that Mr. Locey will provide the Committee.

Ms. Dowd added Tompkins County would not be included in these calculations in the very near future.

Mr. Salton felt municipalities, currently as employers are not at a comfort level with all the information currently, and those that have a hefty retiree load, it may take some time to learn more. He also is concerned of how this will affect the premiums for others.

Ms. Dowd is hearing from the Committee that the Consortium is anticipating more information on this topic and Ms. Drake felt this should be on the agenda for the Board of Directors, and not rushed and should be further discussion at the October meeting.

Draft Resolution for 2023 Budget

Ms. Drake spoke that the usual report of the budget with supporting documents will be presented to the Audit and Finance Committee. Most of the members in attendance at this Executive Committee Meeting will also attend the Audit and Finance meeting. Further budget draft discussion will take place at the Audit and Finance Committee meeting. The final draft will be presented to the Board of Directors Meeting on September 22, 2022

Future Agenda Topics

Renewal Locey & Cahill Contracted Services
Stop Loss Insurance Renewal
Medicare Advantage request for quotes

Adjournment

The meeting adjourned at 5:01 p.m.

Respectfully submitted by Lynne Sheldon, Clerk of the Board



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Board of Directors Meeting – Minutes DRAFT **September 22, 2022 – 5:00 p.m.** **Tompkins Cortland Community College Forum/Remote by Zoom**

Satellite Locations:

Village of Trumansburg (Village Hall)
Tompkins County Public Library (Schwarz Jacobsen)
Town of Big Flats (Town Office Meeting Room)
Town of Hector (Hector Town Hall)
Town of Tioga, (Tioga Town Hall)
Town of Scipio, (Scipio Town Hall)

Municipal Representatives: 29

Steve Thayer, City of Ithaca
Shondrea Cobb, Town of Big Flats
Mark Witmer, Town of Caroline
Kevin Williams, Town of Homer
Christine Laughlin, Town of Newfield
Gary Mutchler, Town of Scipio
Eric Snow, Town of Virgil
Peter Salton, Village of Cayuga Heights (5:18p)
Betty Conger, Village of Groton
Stephanie Redmond, Town of Enfield (5:49p)
Rordan Hart, Village of Trumansburg
Rita McCarthy, Town of Erwin
Amanda Anderson, Town of Dryden
Dave Hertel, Town of Dix
Tom Brown, Town of Truxton

Judy Drake, Town of Ithaca
Michael Murphy, Village of Dryden
Janine Bond, Town of Hector
Ray Bunce, Town of Spencer (5:10p)
Tiffany Middendorf, Town of Tioga
Richard Goldman, Town of Ulysses
Tanya DiGennaro, Village of Homer
Donald Scheffler, Town of Groton
Ronny Hardaway, Village of Lansing*
Laura Shawley, Town of Danby*
Darcy Rigdon, Lansing Community Library
David Corey, Town of Montezuma
Mark Emerson, Town of Mentz
Dave Scheneck, Town of Springport*

Labor Representatives: 4

Ian Tompkins, 5th Labor Representative
Kate DeVoe, 7th Labor Representative

Jeanne Grace, 8th Labor Representative
Carolyn Sosnowski, 6th Labor Representative*

Excused: 22

Laura Granger, County of Seneca
Chad Hayden, Town of Aurelius
Lu Ann King, Town of Cincinnatus
Timothy Elliott, Town of Marathon
Joan Jayne, Town of Niles
Tom Blair, Town of Sennett
Zack Nelson, 3rd Labor Representative
Lorie Corsette, Village of Fayetteville
Donna Dawson, Village of Horseheads
Mike Baratta, Village of Owego
Ed Fairbrother, Town of Big Flats
Jim Bower, 2nd Labor Representative and Joint Comm. on Plan Structure & Design Chair

Lisa Holmes, Tompkins County
Richard Lewis, Town of Catherine
Lou Anne Randall, Town of Cuyler
Terrance Baxter, Town of Moravia
Jim Doring, Town of Preble
Eric Ridley, Town of Troop
Alvin Doty, Town of Willet
Miles McCarthy, Village of Freeville
Lisa DeVona, Village of Minoa
Bud Shattuck, Village of Union Springs

Absent: 5

Steve Scott, City of Cortland
Edward Wagner, Town of Owasco
Nancy Webster, 1st Labor Representative

Mary Ellen Albrecht, Town of Lansing
Fred Warrick, Village of Watkins Glen

Vacancy – Labor: 1

Others in attendance:

Elin Dowd, Executive Director
Kylie Rodrigues, Benefits Specialist
Sunday Earle, TC3
Brandon Holt, Excellus
Rick Snyder, Tompkins County Finance
Tony Bush, Town of Hastings
John Fatcheric, Town of Camillus
Laurie Walter, Village of Skaneateles
Kerry Mannion, Town of Dewitt
Andy Miller, Town of Dewitt/KBM Management
Paul Pelton, Robert Spenard, Steve Locey, Locey & Cahill

Lynne Sheldon, Clerk of the Board
Teri Apalovich, Finance Manager
Brandon Holt, ProAct
Corey Prashaw, ProAct
Kerri Fusco, Town of Dewitt/Dewitt Fire Department
Jason Green, Dewitt Fire Department
Kimberly Burt, Town of Onondaga
Dick Waterman, Village of Camillus
Rex Vosburg, Town of DeRuyter

* Via remote location due to extraordinary circumstances, sickness, etc.

Call to Order

Ms. Drake, Chair, called the meeting to order at 5:19p.m.

Changes to the Agenda

The agenda was revised to include modifications of the meeting order due to resolutions of appreciations presented and obtaining a quorum for voting privileges. A quorum was obtained at 5:49pm. A revision was also needed on Resolution: Approval of Amended 2023 Municipal Cooperative Agreement to Include New Participants to amend “Madison” to “Monroe” County.

Board Chair and Executive Committee Report

Ms. Drake reported efforts are underway on long-term planning for the Consortium. The Executive Committee meets every other month, and the smaller Long-Term Planning group meets on the opposite months. She reported the Consortium is working on the advantages and disadvantages of a Medicare Advantage Program for retirees and there is currently a Request for Proposal (RFP) in process. The Consortium has approved a premium equivalent rate audit and will be contracting with another company to have an outside look at premiums to ensure the Consortium is in good standing. Risk and the direction the Consortium would like to expand are both popular topics this year. The Committee has focused on a slow, steady growth of members this past year.

Ms. Drake also added the Consortium has some vacancies on committees and looking for individuals to serve.

Ms. Drake announced the [2023 Meeting Schedule](#) has been completed and can be found on the Consortium's website.

Executive Director's Report

In addition to a written report included in the agenda packet, Ms. Dowd introduced the new Consortium staff and thanked everyone for attending. Even with the increase in staffing and costs related to a four person staff, the proposed budget will only show that as a percentage of overall expenses the costs only increase from 1.13% in 2022 to 1.33% in 2023. The Consortium's target is to stay below 2 %. Ms. Dowd added that when reviewing the budget recommendation please note that Excellus had a 9.4% premium increase rate approved for 2023 pricing for their small group market.

Ms. Dowd announced special recognition of Michelle Cocco's retirement and a copy of the resolution of appreciation ([Resolution 006-2022](#)) was provided to the members. Ms. Drake, announced Richard Snyder's retirement and on behalf of the Board of Directors and Consortium staff, read the following resolution of appreciation for Mr. Snyder.

RESOLUTION NO. 020 - 2022 - RESOLUTION OF APPRECIATION OF RICHARD C. SNYDER'S DEDICATED YEARS OF SERVICE TO THE CONSORTIUM

MOVED by Ms. Drake, seconded by Mr. Salton. The resolution was unanimously adopted by voice vote by members present, visibly seen members via remote Satellite approved locations and locations due to extraordinary circumstances.

WHEREAS, when Tompkins County hired Richard C. Snyder (Rick Snyder) in 2013 the Greater Tompkins County Municipal Health Insurance Consortium was fortunate enough to have already contracted with Tompkins County for Finance and Accounting Services.

WHEREAS, Rick, in addition to his full-time Director of Finance position with Tompkins County, was "volunteered" to be the Consortium's Treasurer and ended up "volunteering" with the Consortium as not just the Treasurer but also ran accounting services for the Consortium for nine years, and

WHEREAS, in addition to his full-time job at Tompkins County, Rick has been known to attend many evening meetings and work odd hours in support of the Consortium,

WHEREAS, the Consortium has been able to secure many services and expert support by taking advantage of Rick's Tompkins County relationships, and

WHEREAS, for many years Rick has learned the challenges associated with quarterly and annual financial reports and has dutifully responded to the myriad of questions that follows any interaction with the NYS Department of Financial Services, and

WHEREAS, Rick has an amazing archive of emails and memos regarding the Consortium's business interactions that he is able to pull-up at a moment's notice, and

WHEREAS, Rick's role has changed over the years as the needs of a growing organization transformed, but his commitment to accurate reporting and accounting practices have always remained steadfast, and

WHEREAS, Rick is now at a stage in life where he can celebrate retirement both from Tompkins County as well as the Consortium, and

WHEREAS , Rick is wished much happiness as he steps down and finds time to explore other experiences that bring him joy with his friends and family, now therefore be it

RESOLVED, That the Board of Directors, staff, consultants, advisors, and associates, acknowledge the retirement of Rick Snyder and are appreciative for his many devoted and exemplary years of service,

RESOLVED, further, That on this 22nd day of September 2022, the Board of Directors expresses its sincere gratitude to Richard C. Snyder for his distinguished and dedicated service to the Greater Tompkins County Municipal Health Insurance Consortium.

* * * * *

Mr. Hart, announced Ms. Drake's resignation as Chair of the Executive Committee and on behalf of the Board of Directors and Consortium staff, reading the following resolution of appreciation for Ms. Drake.

RESOLUTION NO. - 019- 2022 - RESOLUTION OF APPRECIATION OF JUDITH (JUDY) DRAKE'S DEDICATED YEARS OF SERVICE TO THE CONSORTIUM

MOVED by Ms. Hart, seconded by Mr. Murphy. The resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite approved locations, and locations due to extraordinary circumstances.

WHEREAS, when the Consortium was certified by the NYS Department of Financial Services it was the work of many dedicated volunteers from municipalities in Tompkins County that helped form the organization and start delivering services to its member participants in January 2011, and

WHEREAS, Judy Drake in addition to her full-time Human Resource Manager position with Town of Ithaca was supporting the Consortium as its Secretary as one of its founding members, and

WHEREAS, Judy was officially appointed as the Chair of the Board of Directors in 2014 and has been a dutiful servant leader for eight years, and

WHEREAS, Judy has been extremely involved in managing the Consortium and assisting with day-to-day operations on a regular basis, and

WHEREAS, Judy has been instrumental in creating policy, developing organizational structure, and growing the Consortium from the initial 13 members covering 2,000 municipal employees to an organization of 53 members covering 3,100 municipal employees and retirees, and

WHEREAS, Judy has not been shy with sharing her own thoughts about advancing the mission of the organization but she has also been very persistent at making sure others opinions are voiced and heard, and

WHEREAS, Judy's work shows her attention to detail and the care and concern she has for making sure this organization continues at a high functioning level, and

WHEREAS, it is our hope that Judy will, as promised, remain involved as an active municipal participant and as the HR Manager for the organization but will also now find more time to decorate cakes, exercise at the gym, and participate in Spartan Challenges, and now therefore be it

Board of Directors
September 22, 2022

RESOLVED, That the Board of Directors, staff, consultants, advisors, and associates, acknowledge the resignation of Judy Drake as Chair of the Board of Directors, and are appreciative for her many devoted and exemplary years of service, and

RESOLVED, further, That on this 22st day of September 2022, the Board of Directors expresses its sincere appreciation, admiration and gratitude to Judy Drake for her distinguished and dedicated service to the Greater Tompkins County Municipal Health Insurance Consortium.

* * * * *

Ms. Drake announced a quorum (34); however, a quorum (33) was reached before the Resolutions of Appreciation for Ms. Drake and Mr. Snyder.

Ratify Executive Committee Approval of [Minutes – September 23, 2021](#)

It was MOVED by Mr. Emerson, seconded by Mr. Snow, the resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote Satellite locations and locations due to extraordinary circumstances, to approve the minutes of September 23, 2021, as submitted. MINUTES APPROVED.

Report from Nominations and Engagement Committee

Mr. Fairbrother was excused from the meeting. Ms. Dowd reported that the committee meets on a quarterly basis specifically to ask individuals to become more involved with the Consortium. Since Ms. Drake is resigning as the Executive Committee Chair, Mr. Hart will become the new Chair and Ms. Homes as Vice Chair.

RESOLUTION NO. 021– 2022 – ELECTION OF 2023 CONSORTIUM OFFICERS

MOVED by Ms. Shawley, seconded by Ms. Sosnowski, the resolution was unanimously adopted by voice vote by members present, and visibly seen members via remote Satellite locations and locations due to extraordinary circumstances.

RESOLVED, on recommendation of the Nominations and Engagement Committee, That the Board of Directors elects the following individuals to serve from January 1, 2023 through December 31, 2023 in the roles as follows:

- Chairperson - Rordan Hart
- Vice Chairperson – Lisa Holmes
- Chief Financial Officer - Steve Thayer
- Secretary – Peter Salton

* * * * *

Ms. Dowd reported that the Board appoints the Executive Committee that acts on behalf of the Board throughout the year. The Consortium has new names on the Executive Committee for 2023 as individuals are switching roles and retiring.

RESOLUTION NO. 022 - 2022 – CREATION OF 2023 COMMITTEE STRUCTURE AND APPOINTMENTS OF MEMBERS

MOVED by Ms. Cobb, seconded by Ms. Sosnowski, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations and locations due to extraordinary circumstances.

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

RESOLVED, upon recommendation of the Consortium’s Nominations and Engagement Committee, That the Executive Committee, on behalf of the Board of Directors, hereby appointments the following committee structure and membership to 2023 committees effective January 1, 2023:

Executive Committee

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

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

MEETINGS (subject to change): Bimonthly beginning in January on 1st Wednesday

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

STANDING COMMITTEES:

Audit and Finance Committee

CHARGE: The Audit and Finance Committee shall be responsible for all financial aspects of the Consortium, including review of: annual budgets, periodic review of financial results, evaluation of transactions that are material to the organization’s business, review of business and risk insurance policies and actuarial studies to determine premium levels, review and approval of investments and

investment plans, enterprise risk management and compliance assessment and review, and oversight of all internal and external financial audits.

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

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

Terms expire 12/31/23

1. Steve Thayer, Chair (CFO, no set term)
2. Kate DeVoe (Labor)
3. Rordan Hart, Vice Chair
4. Amanda Anderson
5. Lorie Corsette

Terms expire 12/31/24

6. Scott Steve
7. Eric Snow
8. Bud Stattuck
9. Peter Salton

Operations Committee

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

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

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

Terms Expiring 12/31/24

Lisa Holmes (Chair)
Laura Grainger
Schelley Michell-Nunn
Janine Bond
Judith Drake
Rita McCarthy

Terms Expiring 12/31/23

Ed Fairbrother
Labor Vice Chair
Sunday Earle

Terms Expiring 12/31/23

LuAnn King
Mark Emerson

Nominations and Engagement Committee

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

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

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

Terms expire 12/31/23

1. Ed Fairbrother, Chair
2. VACANT
3. VACANT, Labor

Terms expire 12/31/24

4. Gary Mutchler (Vice Chair)
5. Terrance Baxter

Claims and Appeals Committee

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

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

Terms expire 12/31/23

1. Bud Shattuck, Chair
2. Donna Dawson
3. Tom Brown

Terms expire 12/31/24

Don Fischer, Vice Chair
Tanya DiGennaro

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Joint Committee on Plan Structure and Design

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

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

MEETINGS (subject to change): Bi-monthly (beginning in February)

Chair and Vice Chair – to be selected by the membership of the JCPSD as outlined in the Committee's Bylaws.

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Report from Operations Committee

Ms. Holmes, Chair, was excused from the meeting. Ms. Dowd reported when changes are made to the Municipal Cooperative Agreement (MCA), the Consortium is required to file changes with the Department of Financial Services (DFS) for their approval. The Consortium is recommending the following changes to the MCA:

- Update the Certificate of Authority
- Increase territory to include Monroe and Livingston counties
- Changing Treasurer role to Finance Manager for day-to-day activities, still having a Chief Financial Officer.

RESOLUTION NO. 023 - 2022 – APPROVAL OF THE 2023 MUNICIPAL COOPERATIVE AGREEMENT TO INCLUDE THE ADDITION OF NEW PARTICIPANTS IN SECTION A 2 AND TO THE PROPOSED CHANGES TO SECTIONS A 3, F 5(G) AND I 1

MOVED by Mr. Salton, seconded by Ms. Bond, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations and locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the New York State Department of Financial Services requires that any amendment to the GTCMHIC Municipal Cooperative Agreement be circulated and approved by all Participants.

WHEREAS, the GTCMHIC wishes to add new members to the list of Participants and the Municipal Cooperative Agreement will be updated once those members have been approved.

WHEREAS, the GTCMHIC wishes to expand the territory of coverage to include two additional counties in Central NY to include both Monroe and Livingston counties and understands the GTCMHIC Certificate of Authority will need to be reviewed and approved by the New York State Department of Financial Services.

WHEREAS, the GTCMHIC has made changes to their internal operations and wishes to remove the appointment of a Treasurer pursuant to Section F 5 (g) and allow the Chief Fiscal Officer to delegate responsibilities to the Finance Manager, in lieu of the Treasurer as previously directed in Section I.1. of the Municipal Cooperative Agreement, now therefore be it

RESOLVED, to approve additions of 2023 new members as Participants in Section A 2 and to the proposed changes to Sections A 3, F 5(g) and I 1 of the 2023 Municipal Cooperative Agreement and to circulate to all Participants for review and approval.

Report from Audit and Finance Committee

Mr. Thayer reported the Consortium's membership will be increasing from 53 to 61, presenting two resolutions to accept applications:

RESOLUTION NO. 024 - 2022 - ACCEPTANCE OF APPLICATIONS BY THE TOWNS OF CAMILLUS, DEWITT, ONONDAGA, AND HASTINGS, THE VILLAGES OF CAMILLUS AND SKANEATELES, AND THE DEWITT FIRE DISTRICT, TO BECOME PARTICIPANTS IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM EFFECTIVE JANUARY 1, 2023

MOVED by Mr. Thayer, seconded by Ms. Snow, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations and locations due to extraordinary circumstances.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Towns of Camillus, Dewitt, Onondaga, and Hastings, the Villages of Camillus and Skaneateles, and the Dewitt Fire District, have submitted an official application authorizing the joining of Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, these applicants have complied with membership process and have submitted copies of financial reports which have been evaluated by the Finance Manager, Consortium's Treasurer, and/or the Chief Financial Officer, and

WHEREAS, In the application process, the Town of Onondaga, has asked for a waiver until at least January 1, 2025, to exclude participation for any employees currently negotiated to be covered under the New York State Teamsters Council Health and Hospital Fund, and the Dewitt Fire District, Village of Skaneateles, and the Town of Camillus, have asked for a waiver to review retirement plan options once the Consortium determines how many retirement plan options will be available, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby accepts and welcomes the Towns of Camillus, Dewitt, Onondaga, and Hastings, the Villages of Camillus and Skaneateles, and Dewitt Fire District, as Municipal Participants in the Consortium, with health insurance coverage beginning January 1, 2023, pending receipt, additional analysis, and approval of all required documentation.

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Board of Directors
September 22, 2022

Mr. Thayer indicated that the Town of DeRuyter was approved by the Committee after the other seven municipalities.

RESOLUTION NO. 025- 2022 - ACCEPTANCE OF APPLICATION BY THE TOWN OF DERUYTER, TO BECOME A PARTICIPANT IN THE GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM EFFECTIVE JANUARY 1, 2023

MOVED by Mr. Thayer, seconded by Mr. Brown, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, by Resolution No. 16 of 2019 the Consortium Board of Directors adopted a policy outlining a process of applying for membership to the Consortium, and

WHEREAS, the Town of DeRuyter, has submitted an official application authorizing the joining of Consortium in accordance with the terms and conditions outlined in the Municipal Cooperative Agreement, and

WHEREAS, this applicant has complied with membership process and has submitted copies of financial reports which have been evaluated by the Finance Manager, Consortium's Treasurer, and/or the Chief Financial Officer, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the Board of Directors hereby accepts and welcomes the Town of DeRuyter, as a Municipal Participant in the Consortium, with health insurance coverage beginning January 1, 2023, pending receipt, additional analysis, and approval of all required documentation.

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Ms. Dowd announced that there are continuing discussions with 6 potential members for 2023 and 2024, some within contract negotiations, but in a positive standing.

Mr. Thayer continued with a resolution for ProAct which extends the contract for 2023. This is the same contract as 2022. ProAct continues to improve their systems. The Consortium is having continued discussions with ProAct regarding RX Rebates.

Ms. Dowd introduced Corey Prashaw from ProAct, who is covering for the Consortium's current account representative is out on leave.

RESOLUTION NO. 026 - 2022 - AUTHORIZE EXTENSION OF CONTRACT FOR PRESCRIPTION DRUG CLAIMS ADMINISTRATOR FOR 2023 – PROACT

MOVED by Mr. Thayer, seconded by Ms. Sosnowski, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, the Board of Directors by Resolution No. 029-2018 authorized a two-year extension of the Consortium's contract with ProAct for Prescription Benefits Manager services, and

WHEREAS, the Audit and Finance Committee has discussed and desires to extend the Prescription Benefits Manager services with ProAct for an additional year pursuant to the Contract Addendum proposed September 9, 2021, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the contract with ProAct for Prescription Benefits Manager services be extended per the terms outlined in the Addendum for the period January 1, 2023 through December 31, 2023,

RESOLVED, further, That Chair of the Board of the Greater Tompkins County Municipal Health Insurance Consortium is hereby authorized to execute said contract with ProAct, Inc.

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RESOLUTION NO. 027 - 2022 - AUTHORIZING HEALTHCARE BENEFITS RENEWAL (ADMINISTRATIVE SERVICES AGREEMENT) WITH THIRD PARTY ADMINISTRATOR - EXCELLUS BLUECROSS BLUESHIELD

Ms. Dowd expressed this is a renewal of the Consortium's contract with Excellus BlueCross Blue Shield. This contract has a sliding scale in it from year to year based on the size of the organization. With the recent approval of new members, Locey & Cahill is working on negotiating for a lower rate next year with the increased head count with new memberships. Each year, even without the sliding scale, the Consortium is still under a three percent increase. Ms. Dowd introduced Brandon Holt from Excellus BlueCross BlueShield as the Consortium's new account manager.

MOVED by Mr. Thayer, seconded by Mr. Snow, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the current GTCMHIC Municipal Cooperative Agreement defines the actions to be taken by the GTCMHIC Board of Directors to include the approval of contracts with third parties for the furnishing of goods and services, and

WHEREAS, the Audit and Finance Committee has determined that it is in the Consortium's best interest to continue its relationship with Excellus BlueCross BlueShield for the administration of the Consortium's medical claims, and

WHEREAS, Excellus BlueCross BlueShield charges the Consortium an additional integration fee for the carve out pharmacy services which include enrollment file transfer and accumulator integration, and

WHEREAS, Excellus BlueCross BlueShield has agreed to give consideration in future years for Administration Rates to vary based on growth in enrollment numbers and has set discounts at four different contract band levels, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, on behalf of the Board of Directors hereby approves the 2023 Healthcare Benefits Renewal with Excellus BlueCross

BlueShield under the proposed fee structure presented to the Board of Directors for 2023, 2024, and 2025,

RESOLVED, further, That the Chair of the Board of the Greater Tompkins County Municipal Health Insurance Consortium be authorized to execute the 2023 contract on behalf of the Consortium.

2022 Financial Update and 2023 Budget Presentation

Mr. Pelton provided a financial update through August 31, 2022. He stated the total income for the Consortium was 2.50% below the amended budget, with premium income being 1.95% below the amended budget for the first 8 months of the fiscal year. There has been movement of covered members from traditional Indemnity and PPO Plans to the Consortium's Platinum PPO Plan. The Consortium is expecting a significant RX rebate reconciliation payment from year 2021. Mr. Pelton added the Consortium did not receive any reimbursements for claims which exceeded the Specific Stop-Loss Insurance Deductible of \$1 million.

Mr. Pelton reported the Consortium is tracking slightly ahead of budget projections. Many of the expense items are below budget. Paid claims account for 92.924% of total expenses for the Consortium through August 31, 2022. Medical Paid Claims are currently 7.02% below the projected budget for the year.

Mr. Pelton said the Premium Income includes a 6.5% increase in the premium equivalent rates for the 2023 Fiscal Year. Interest Income has been adjusted to capture both interest earnings and an estimated "net gain" on investments based on the new financial reporting recommended by the Consortium's Auditor.

Mr. Pelton highlighted projected expenses indicating the medical and pharmacy paid claim trends for the Consortium from April 1, 2011 to August 31, 2022 has equaled 4.16% and 5.87%, respectively. Excellus BlueCross BlueShield claims administrative fees are increased by 3.0% for the 2023-2027 Fiscal Years. ProAct claims administrative fees are also increased by 3.0%. Stop-Loss insurance premiums have been forecasted to increase at a rate of 10% per annum based on Locey & Cahill's experience with this market. The expected costs associated with all professional services, and miscellaneous costs also have been trended at a rate of 3%.

2023 Budget Presentation Assumptions

The following are assumptions contained in the [2023 budget](#):

1. Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law. The value of this reserve, as projected for the 2023 Fiscal Year, is \$2,920,495.97. This will satisfy an Article 47 statutory reserve requirement.
2. Maintain the IBNR Claims Liability Reserve as required by §4706(a)(1) of the New York State Insurance Law at a value in line with the expected cost of "run-out" claims. We are recommending that this reserve continue to be funded at 12.0% of expected incurred claims consistent with the direction received by the Consortium from the New York State Department of Financial Services. Based on our projections, this reserve would equal approximately \$7,038,728.60 for the 2023 Fiscal Year.

3. Continue to evaluate the specific stop-loss insurance policy which recently increased the deductible to \$1,000,000. We originally funded Catastrophic Claims Reserve at an amount equal to \$4,500,000.00 for the 2023 Fiscal Year. This reserve is specifically designed to protect the cash flow of the Consortium from the effects of a significant increase in the number of individual high dollar claimants.
4. Maintain the Claims/Rate Stabilization Reserve in an amount equal to 7.5% of expected paid claims (\$4,399,205.37). These funds could be used in future years to mitigate premium rate increases and to “soften the blow” from a period of hyper-inflation in the overall paid claims.
5. Continue to negotiate reasonable increases to the administrative fees paid to ExcellusBlueCross BlueShield and ProAct, Inc. as part of the annual renewal process.
6. Monitor and update the investment strategies of the Consortium to continue to maximize the interest earnings associated with the reserve and surplus funds while maintaining the flexibility needed in cash flow to prudently manage the Consortium’s finances.
7. In consideration of the overall financial position of the Greater Tompkins County Municipal Health Insurance Consortium and its goals and objectives, Locey & Cahill, LLC is recommending that the Board of Directors approve a 6.5% increase in premiums for the 2023 Fiscal Year. As a point of information, a 1.0% increase in premiums paid equals approximately \$559,375 for the 2023 Fiscal Year.

Ms. Drake added the premium increases are included in the agenda packet. Ms. Dowd also added Ms. Apalovich will be notifying members of the [premium amounts](#) in the very near future.

RESOLUTION NO. 028 -2022 – ADOPTION OF BUDGET, PREMIUM RATES, AND RESERVE AMOUNTS FOR 2023

MOVED by Ms. Drake, seconded by Mr. Salton, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, the Audit and Finance and Executive Committees have had detailed discussions and have considered the Consortium's 2023 budget and premium rates, and

WHEREAS, the Board of Directors has adopted a policy that provides guidance on targets for net income, fund balance, and both statutory and discretionary reserve levels, in addition to creating a mechanism by which excess net income/fund balance can be returned to members, and

WHEREAS, the 2023 proposed budget reflects the adopted budget guidelines (Resolution No. 015-2020) as follows:

- Maintain Incurred But Not Reported Claims Reserve at 12% of total claims;

- Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law;
- Maintain the Rate Stabilization Reserve in an amount equal to 7.5% of expected paid claims;
- Maintain Catastrophic Claims Reserve at \$4,500,000 with additional interest and premium savings included;
- Maintain an unencumbered fund balance not less than 12% of expected premium through at least year four of the annual proforma calculation;
- Set the annual budget to accomplish a zero to two percent (2%) net income level; and
- Increase Premium Revenue by 6.5% in 2023 across all benefit plans, except for the Silver Plan which will be a Premium Revenue Increase of 5.42%; now therefore be it

RESOLVED, on recommendation of the Audit and Finance and Executive Committees, That the Consortium's attached 2023 budget including premium equivalent rates and reserve amounts are hereby adopted by the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors.

Report from Claims and Appeals Committee

Ms. Dowd reported for Mr. Shattuck for the Claims and Appeals Committee. Ms. Dowd is pleased to announce that the Consortium doesn't have a history of appeals and that trend is continuing. The Committee has worked on an audit of the Consortium's prescription drug manager, and how claims have been paid the last two years. At conclusion, there were minimal issues regarding how the Consortium's claims are being adjudicated by ProAct. It has been decided that because we have not done one in a few years that we should do an RFP for proposals for a medical and prescription drugs claims audit.

Report from Joint Committee on Plan Structure and Design

Ms. Shawley reported for the Joint Committee on Plan Structure and Design report for Jim Bower who has recently resigned from his role with the Consortium. Ms. Shawley explained that the Consortium is required to review the metal level plans so that the Consortium can remain in compliance with the Affordable Care Act. The standard deviations are set by the Centers of Medicare and Medicaid Services and that sets the Consortium's parameters for the actuarial value. It was found that the Consortium needed to adjust the Silver Plan.

Ms. Shawley added the Committee's focus was to make changes within the plan that would have least financial effect on Consortium members.

RESOLUTION NO. 029 - 2022 – APPROVAL OF ADJUSTMENTS TO THE SILVER HIGH DEDUCTIBLE HEALTH PLAN

MOVED by Ms. Shawley seconded by Mr. Emerson, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, the Consortium must annually review the actuarial values for its Metal Level Plans to ensure they each fall within the established ranges set by the Centers for Medicare and Medicaid Services (CMS), and

WHEREAS, upon entering data into the federal actuarial calculator for 2023 it has been determined that adjustments need to be made to the Silver High Deductible Health Plan, now therefore be it

RESOLVED, on recommendation of the Executive Committee and the Joint Committee on Plan Structure and Design, That effective January 1, 2023, a benefit plan adjustment to the Coinsurance Amount, Deductible and Out-of-Pocket Maximum will be made to the Consortium’s Silver High Deductible Health Plan as follows:

Silver HDHP	From In-Network	To In-Network	From Out-of-Network	To Out-of-Network
Deductible Single/Family	\$2,500/\$5,000	\$2,750/\$5,500	\$3,750/\$7,500	\$4,125/\$8,250
Out-of-Pocket Single/Family	\$6,000/\$12,000	\$7,000/\$14,000	\$9,000/\$18,000	\$10,500//\$21,000
Coinsurance Amount	70%	80%	50%	50%
Actuarial Value	72.91%	71.83%	72.91%	71.83%

RESOLUTION NO. 030-2022 – Actuarial Value Standard Deviation Amendment

Ms. Earle asked if Silver Plan changes were due to being outside of the standard deviation. Ms. Drake and Ms. Dowd concurred.

Mr. Murphy questioned if the Consortium could make the changes and understood only 2% could be calculated. Ms. Dowd responded the Consortium is recommending what the Center of Medicare and Medicaid Services (CMS) is recommending. Ms. Dowd added the last couple of years, that overall, the Bronze plan was outside of the standard deviation calculations and unreliable, and CMS allowed for exceptions until this correction was made. This was a broader range, rather than them changing the whole calculator, CMS advised to keep the calculator, but allowed the positive standard deviation to be at a greater range.

MOVED by Ms. Shawley, seconded by Mr. Emerson, the resolution was unanimously adopted by voice vote of members present, visibly seen members via remote Satellite locations, and locations due to extraordinary circumstances.

WHEREAS, the Consortium must annually review the actuarial values for its Metal Level Plans to ensure they each fall within the established ranges set by the Centers for Medicare and Medicaid Services (CMS), and

WHEREAS, upon reviewing the results of the actuarial value calculations for the Consortium utilizing the Centers for Medicare and Medicaid Services (“CMS”) actuarial value calculator and methodology it was noted that the percent de minimis variation (a.k.a., standard deviation) was amended for the Bronze High Deductible Health Plan, now therefore be it

RESOLVED, on recommendation of the Executive Committee and the Joint Committee on Plan Structure and Design, That effective January 1, 2023, the percent de minimis variation (a.k.a., standard deviation) allowed for each of the Consortium’s metal level plans will be as follows:

Platinum Preferred Provider Organization Plan	+2% / -2% (92.49% to 87.50%)
Gold High Deductible Health Plan	+2% / -2% (82.49% to 77.50%)
Silver High Deductible Health Plan	+2% / -2% (72.49% to 67.50%)
Bronze High Deductible Health Plan	+5% / -2% (65.49% to 57.50%)

New Business

Ms. Dowd communicated that the Consortium has been notified that the New York State Department of Financial Services is auditing the Consortium to include years 2016 through 2020. The audit began in July, starting with Information Technology. This portion of the audit will ensure we are cybersecurity and business continuity compliant. Auditors will then move on to the financial aspect in October. Ms. Dowd added that there is an “audit” line in the budget that includes \$150,000 next year and \$100, 000 the following year, based on average costs of other New York consortiums.

Ms. Drake added that Ms. Rodrigues held a presentation regarding Medicare vs. Medicare Advantage Plan at the Educational Retreat in August. This [presentation](#) can be found on the Consortium’s website.

Adjournment

The meeting adjourned at 6:52 p.m.

Ms. Dowd also reported that there are current members who are planning to switch from traditional indemnity plans to metal level plans.

Ms. Dowd announced her staff is reviewing items pertaining to contract renewals as many of the Consortium's contracts are up for renewal the final quarter of this year.

Approval of Minutes of August 3, 2022

It was MOVED by Mr. Thayer seconded by Mr. Salton, and unanimously adopted by voice vote by members present, to approve the minutes of August 3, 2022, as submitted. MINUTES APPROVED.

Discussion/Resolution: Authorizing Healthcare Benefits Renewal with Third Party Medical Claims – Administrator – Excellus BlueCross BlueShield

Ms. Dowd mentioned that all third-party contracts must be approved per our MCA by our Board of Directors. Ms. Dowd said the Consortium has received a very appealing contract from Excellus BlueCross BlueShield with less than a 3% increase on Administrative Fees.

Mr. Locey added that the contract holds many of the same terms as last year, however, the contract could be impacted by the Medicare Advantage Plan decision. Some of the concerns include:

- A per contract/per month fee. If the Consortium should lose the approximate 500 contracts from Medicare agencies to the Medicare Advantage, that could increase the Administrative Fee from this year to next year.
- There is a clause in the renewal stating that if the Consortium has an enrollment variation of greater than +/- 10%, BlueCross BlueShield could require a re-rating of the group, and take the renewal back under advisement.
- Locey & Cahill is discussing the necessary cash advance of a week's prepayment of claims to cover a lag from the time Excellus pays claims to the time Excellus can bill the Consortium

**RESOLUTION NO. - 2022 - AUTHORIZING HEALTHCARE BENEFITS RENEWAL
(ADMINISTRATIVE SERVICES AGREEMENT) WITH THIRD
PARTY ADMINISTRATOR - EXCELLUS BLUECROSS
BLUESHIELD**

It was MOVED by Mr. Hart, seconded by Mr. Thayer, and unanimously adopted by voice vote by members present to pass on the resolution for vote to the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors on September 22, 2022.

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is a self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the current GTCMHIC Municipal Cooperative Agreement defines the actions to be taken by the GTCMHIC Board of Directors to include the approval of contracts with third parties for the furnishing of goods and services, and

WHEREAS, the Audit and Finance Committee has determined that it is in the Consortium's best interest to continue its relationship with Excellus BlueCross BlueShield for the administration of the Consortium's medical claims, and

WHEREAS, Excellus BlueCross BlueShield charges the Consortium an additional integration fee for the carve out pharmacy services which include enrollment file transfer and accumulator integration, and

WHEREAS, Excellus BlueCross BlueShield has agreed to give consideration in future years for Administration Rates to vary based on growth in enrollment numbers and has set discounts at four different contract band levels, 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 approves the 2023 Healthcare Benefits Renewal with Excellus BlueCross BlueShield under the proposed fee structure presented to the Board of Directors for 2023, 2024, and 2025,

RESOLVED, further, That the Chair of the Board be authorized to execute the 2023 contract on behalf of the Consortium.

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Discussion/Resolution: Approval of Amended Prescription Benefit Management Contract thru December 31, 2023 – ProAct

Ms. Dowd reminded that the Operation Committee decided to stay with ProAct last year, but there were items that were of concerns. The Operations Committee continues to address these concerns. Originally, there was a three-year pricing contract with ProAct, of which the Consortium only signed a one-year agreement to iron out these concerns. There have not been any changes to the pricing or contract, so there will need to be action to continue with a contract through 2023.

Locey & Cahill have been in conversations with ProAct regarding the rebate schedule. The Consortium is anticipating additional significant refunds due to a 2021 reconciliation, and additional refunds for the current year.

Locey and Cahill have also had conversations with ProAct pertaining to the potential impact of the prescription rebates relative to future Medicare Advantage Plan individuals. Locey

& Cahill feel that ProAct has moved in a positive direction with the Consortium's concerns as ProAct is determined to keep the Consortium as their client.

RESOLUTION NO. - 2022 - AUTHORIZE EXTENSION OF CONTRACT FOR PRESCRIPTION DRUG CLAIMS ADMINISTRATOR FOR 2023 – PROACT

It was MOVED by Mr. Mutchler, seconded by Mr. Fairbrother, and unanimously adopted by voice vote by members present to pass on the resolution to the Board of Directors of the Greater Tompkins County Municipal Health Insurance Consortium.

WHEREAS, the Board of Directors by Resolution No. 029-2018 authorized a two-year extension of the Consortium's contract with ProAct for Prescription Benefits Manager services, and

WHEREAS, the Audit and Finance Committee has discussed and desires to extend the Prescription Benefits Manager services with ProAct for an additional year pursuant to the Contract Addendum proposed September 9, 2021, now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the contract with ProAct for Prescription Benefits Manager services be extended per the terms outlined in the Addendum for the period January 1, 2023 through December 31, 2023,

RESOLVED, further, That Chair of the Board of the Greater Tompkins County Municipal Health Insurance Consortium is hereby authorized to execute said contract with ProAct, Inc.

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Resolution: Authorizing Contract for Premium Equivalent Actuarial Audit Services

Ms. Dowd discussed that the Long-Term Planning group, along with some of the other Consortium's Committees, have recommended auditing our current premium levels by using an outside firm to come in and audit numbers into a projection study for the Consortium. This study would support discussion about the Consortium's offered plans in general, if the plans are priced effectively, and if there is momentum to move away or towards a particular plan, how that would affect other plans. The Consortium has had a previous relationship with Segal, who is interested in preparing the study for us, and has provided the Consortium with a quote.

Ms. Drake verified with Ms. Apalovich if the current budget had available funds for this study, and a resolution was written to not exceed a certain dollar amount.

Mr. Salton asked the group to recap previous conversations regarding Segal. Mr. Hart explained that the Consortium has a great respect for Locey & Cahill, but there is a need as some municipalities feel that the Consortium's fund balances are too large. When a third-party looks at where our premiums are, then this would help to alleviate the thoughts of the

Consortium having too large of a fund balance and using a third party would also separate the long-standing relationship the Consortium has with Locey & Cahill. On the reversal, the third-party audit may find that the Consortium's premiums need to be increased. Mr. Hart added that with the additional municipalities joining the Consortium, this in an ideal time for this audit, particularly in a long-range planning discussion. Mr. Fairbrother agreed with Mr. Hart and voiced that the Consortium is too large of an organization not to have a solid fund balance.

RESOLUTION NO. 018 - 2022 - APPROVAL TO SECURE CONTRACT WITH THE SEGAL COMPANY TO COMMENCE A PARALLEL PREMIUM EQUIVALENCY RATING EXERCISE

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

WHEREAS, Locey & Cahill, Plan Consultants, perform a premium equivalent rating exercise annually during the budgeting process; and

WHEREAS, the Consortium desires to perform a "parallel" rating exercise or "audit" to ensure that the plans are being rated appropriately so that each plan is viable on its own or to define any vulnerabilities within the rates; and

WHEREAS, by performing an "audit" of the current premium equivalent rates it is an investment in the future success of the Consortium as members make plan enrollment shifts and new members join the Consortium; and

WHEREAS, the Consortium has had a relationship for the past few years with the Segal Company regarding analyzing and consulting on various topics, including advising on retiree plan options and an analysis of the organization prior to hiring full-time staff members, now therefore be it

RESOLVED, that the Executive Committee recommends securing a contract with the Segal Company for a parallel premium equivalent exercise "audit" as outlined in Segal's July 27, 2022, proposal, at a rate not to exceed \$75,000, and authorizes the Executive Director to provide the necessary information to commence the parallel exercise.

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Review Medicare Advantage and EGWP Request for Quotes

Ms. Dowd announced that the Consortium is looking for ways to lower retiree costs with a Medicare Advantage Plan. The Consortium is in the first stages and looking for recommendations to narrow provider choices and verification if this is the direction the Consortium would like to

continue. Locey & Cahill prepared a Request for Proposal (RFP). There were 5 different companies who responded. Locey & Cahill presented a spreadsheet for the Committee to view.

Mr. Locey expressed that any changes made will have an impact on everyone else. The Committee will need to think about the impact this could make on the Consortium's Excellus BlueCross BlueShield coverage and would they re-rate us which would increase the per month amount. Another concern is with ProAct and how this would affect the Consortium's RX Rebates. On the provider network side, there also may be some differences and limitations.

Mr. Salton asked if these plans were low deductible plans, Mr. Locey concurred.

Ms. Dowd added that one item that is not shown on the presentation is if the Consortium looked at fully insured on the medical portion, and self-funded on the prescription drug portion. All vendors quoted with just the medical portion, so if the Consortium wanted to leave prescription drugs with ProAct or select another vendor, we would have that option. However, with the current information we have the fully insured medical rate does not come down enough to support a self-funded claims payment, plus an administrative fee. Ms. Dowd stressed that given the information we have reviewed to data fully insured on both medical and prescription was more financially appealing. In a Medicare Advantage plan the premiums for a retiree would be in addition to their payment made towards their Medicare Part B. Mr. Locey said that they will provide this information for the Committee to view next meeting.

Ms. Drake added she would like to see the MS4 and where the premium is with a comparison of what we are already offering, and the differences.

Mr. Fairbrother spoke of his municipality's retirees using United Health Care for two years and their retirees are in favor of staying with their current plans.

Mr. Hart expressed anticipation of the formulary data that Mr. Locey will provide the Committee.

Ms. Dowd added Tompkins County would not be included in these calculations in the very near future.

Mr. Salton felt municipalities, currently as employers are not at a comfort level with all the information currently, and those that have a hefty retiree load, it may take some time to learn more. He also is concerned of how this will affect the premiums for others.

Ms. Dowd is hearing from the Committee that the Consortium is anticipating more information on this topic and Ms. Drake felt this should be on the agenda for the Board of Directors, and not rushed and should be further discussion at the October meeting.

Draft Resolution for 2023 Budget

Ms. Drake spoke that the usual report of the budget with supporting documents will be presented to the Audit and Finance Committee. Most of the members in attendance at this Executive Committee Meeting will also attend the Audit and Finance meeting. Further budget

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draft discussion will take place at the Audit and Finance Committee meeting. The final draft will be presented to the Board of Directors Meeting on September 22, 2022

Future Agenda Topics

Renewal Locey & Cahill Contracted Services
Stop Loss Insurance Renewal
Medicare Advantage request for quotes

Adjournment

The meeting adjourned at 5:01 p.m.

Respectfully submitted by Lynne Sheldon, Clerk of the Board



Greater Tompkins County Municipal Health Insurance Consortium

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

RESOLUTION NO. ____ – 2022 – AUTHORIZING MEDICARE ADVANTAGE PASS-THROUGH BENEFITS- AETNA

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is self-insured municipal cooperative health benefit plan operating pursuant to a Certificate of Authority issued by the New York State Department of Financial Services pursuant to Article 47 of the New York State Insurance Law, and

WHEREAS, the Consortium believes that offering a Medicare Supplement Plan is an appropriate 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 some Medicare Advantage Plans, 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, and

WHEREAS, the Executive Committee, has determined that it is in the Consortium's best interest to develop a relationship with Aetna to offer two Medicare Advantage Plan options to be solely administered by Aetna for medical and prescription claims.

WHEREAS, Aetna has agreed to give consideration in future years for Premium Rates to vary based on growth in enrollment numbers, now therefore be it

RESOLVED, That the Executive Committee, on behalf of the Board of Directors hereby approves the 2023 Medicare Advantage plans, Aetna Medicare S02 ESA PPO Plan and the Aetna Medicare C04 ESA PPO Plan; Medicare Advantage pass-through option, for inclusion in the Greater Tompkins County Municipal Health Insurance Consortium's available benefit plan menu to be effective January 1, 2023.

RESOLVED, That the Consortium, on behalf of the Consortium Board of Directors, will add an additional 2% administrative fee to the quoted Medicare Advantage plan premium to cover billing and benefit support expenses incurred by the Consortium.

RESOLVED, That any Consortium municipal member who offers the Consortium Medicare Advantage Plan option is obligated to pay a minimum of 50% cost share of the premium rate of the Medicare Advantage plan.

RESOLVED, further, That the Chair of the Board be authorized to execute the 2023 contract on behalf of the Consortium.

* * * * *

		Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Plan Overview					
Plan ID		Medicare (S02) ESA PPO Plan		Medicare (C04) ESA PPO Plan	
Plan Name		Medicare (S02) ESA PPO Plan		Medicare (C04) ESA PPO Plan	
Plan Highlights		Medicare Advantage Plan		Medicare Advantage Plan	
Plan Type		MAPD		MAPD	
HSA Eligible		No		No	
Quote Effective		01/01/2023- 12/31/2023		01/01/2023- 12/31/2023	
Rate (\$)					
Single		\$142.26		\$246.54	
Plan Features					
Out-of-Network Benefits		Same as In-Network Benefits		Same as In-Network Benefits	
Out-of-Area Benefits		Same as In-Network Benefits		Same as In-Network Benefits	
Wellness Incentives		Silver Sneakers		SilverSneakers	
Plan Cost-Sharing Highlights					
Plan Cost-Sharing Highlights		In-Network		Out-of-Network	
Primary Care Office Visit		\$15 Copay		\$15 Copay	
Specialist Office Visit		\$25 Copay		\$25 Copay	
Coinsurance		20%		20%	
Deductible		\$0		\$0	
Medical Out-of-Pocket Maximum (does not include hearing aids, vision, or prescription)		\$1,750 Individual		\$1,750 Individual	
Plan Benefits					
OTC Monthly Allowance		\$25 Per Month		\$25 Per Month	
Dental Benefits		None		None	
Healthy Rewards Program (gift cards for completing specific health activities)		Included		Included	
Meals (covered up to 14 meals following an inpatient stay)		\$0 Copay		\$0 Copay	
In Network match Out of Network Benefits		Yes		Yes	
Preventive Healthcare Services		In-Network		Out-of-Network	
Annual Wellness Exam		Covered in Full		Covered in Full	
Routine Physical Exam		Covered in Full		Covered in Full	
Mammography		Covered in Full		Covered in Full	
Pap Smear		Covered in Full		Covered in Full	
Routine GYN Exam		Covered in Full		Covered in Full	
Prostate Cancer Screening		Covered in Full		Covered in Full	
Colonoscopy		Covered in Full		Covered in Full	
Bone Mass Measurements		Covered in Full		Covered in Full	
Cardiovascular Disease Screenings		Covered in Full		Covered in Full	
Immunizations (Flu, Hep B, Pneumococcal)		Covered in Full		Covered in Full	
Inpatient Facility Benefits		In-Network		Out-of-Network	
Hospital Benefits		Unlimited Days		\$250 Copay	
Observation Stay		Cost Based on Services Received		Cost Based on Services Received	
Mental Health Care		\$250 Copay		\$250 Copay	
Substance Use Detoxification		\$250 Copay		\$0 Copay	
Substance Use Rehabilitation		\$250 Copay		\$0 Copay	

	Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Substance Use Residential Care	\$250 Copay	\$250 Copay	\$0 Copay	\$0 Copay
Skilled Nursing Facility	\$0 Copay Days 1-20 \$194 Per Day, Days 21-100 Limit 100 Days per Medicare Benefit Period	\$0 Copay Days 1-20 \$194 Per Day, Days 21-100 Limit 100 Days per Medicare Benefit Period		\$0 Copay Days 1-100 Limit 100 Days per Medicare Benefit Period
Inpatient Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery	\$250 Copay	\$250 Copay	\$0 Copay	\$0 Copay
Anesthesia				
Outpatient Facility Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical	\$150 Copay	\$150 Copay	\$0 Copay	\$0 Copay
Diagnostic X-Rays	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Routine X-Rays	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Advanced Imaging Services	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Diagnostic Laboratory and Pathology	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Routine Laboratory and Pathology	Covered in Full	Covered in Full	\$0 Copay	\$0 Copay
Diagnostic Testing	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Radiation Therapy	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Chemotherapy				
Mental Health Care	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Substance Use Care	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Home Health Care and Hospice Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Hospice Care Inpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Hospice Care Outpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Surgery	\$150 Copay	\$150 Copay	\$0 Copay	\$0 Copay
Telehealth (services with Teledoc)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Telehealth (services such as PCP, Specialist or Urgent Care. Copays match in person)	\$15-\$40 Copay	\$15-\$40 Copay	\$0 Copay	\$0 Copay
Diagnostic X-Ray	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Routine X-Ray	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Advanced Imaging Services	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Diagnostic Laboratory and Pathology	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Routine Laboratory and Pathology	Covered in Full	Covered in Full	\$0 Copay	\$0 Copay
Radiation Therapy	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Chemotherapy				
Dialysis Treatments	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Podiatry Services (Medicare covered benefits only)	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Mental Health Care	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Substance Use Treatment	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Cardiac Rehabilitation	\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Pulmonary Rehabilitation Services	\$20 Copay	\$20 Copay	\$0 Copay	\$0 Copay
Allergy Testing	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Allergy Treatment including Serum	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

		Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Hearing Evaluation Routine		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Hearing Aid Reimbursement		\$3,500 once every 3 years	\$3,500 once every 3 years	\$3,500 once every 3 years	\$3,500 once every 3 years
Hearing Aid Benefit		Not Covered	Not Covered	Not Covered	Not Covered
Medicare Covered Dental (non-routine care covered by Medicare)		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Rehab and Habilitation Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Occupational Rehabilitation		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Speech Rehabilitation		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Other Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME)/ Supplies		20% Coinsurance	20% Coinsurance	\$0 Copay	\$0 Copay
Diabetic Supplies		\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Prosthetic - External Benefit		20% Coinsurance	20% Coinsurance	\$0 Copay	\$0 Copay
Foot Orthotics		Not Covered	Not Covered	\$0 Copay	\$0 Copay
Chiropractic Care		\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Acupuncture		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Emergency Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Care - Facility	waived if admitted to hospital	\$120 Copay	\$120 Copay	\$0 Copay	\$0 Copay
Ambulance - Pre-Hospital Emergency Services Transportation		\$150 Copay	\$150 Copay	\$0 Copay	\$0 Copay
Transportation (non-emergency)		24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip	24 trips with 60 miles allowed per trip
Urgent Care Center - Facility		\$40 Copay	\$40 Copay	\$0 Copay	\$0 Copay
Vision Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Routine Vision Exam (Annual)		\$25 Copay	\$25 Copay	\$0 Copay	\$0 Copay
Diabetic Eye Exam		Covered in Full	Covered in Full	\$0 Copay	\$0 Copay
Adult Eyewear		\$60 Allowance		\$100 Allowance	
Pharmaceutical Coverage		In-Network	Out-of-Network	In-Network	Out-of-Network
Standard Retail Pharmacy (30-day supply)		Tier 1: \$5	Only will cover if for emergency use	Tier 1: \$10	Only will cover if for emergency
		Tier 2: \$35		Tier 2: \$25	
		Tier 3: \$70		Tier 3: \$40	
Preferred Retail Pharmacy (30-day supply)		Tier 1: \$4		Tier 1: \$9	
		Tier 2: \$35		Tier 2: \$25	
		Tier 3: \$70		Tier 3: \$40	
Standard Retail or Mail- Order Pharmacy (90-day supply)		Tier 1: \$15		Tier 1: \$30	
		Tier 2: \$105		Tier 2: \$75	
		Tier 3: \$210		Tier 3: \$120	
Preferred Mail-Order Pharmacy (limited to a 90-day supply)		Tier 1: \$8		Tier 1: \$18	
		Tier 2: \$70		Tier 2: \$50	
		Tier 3: \$140		Tier 3: \$80	
Gap Coverage		Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap	
Catastrophic Coverage (Starts once \$7,400 in true out-of-pocket costs are incurred.)		5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less	
RX Annual Maximum Out of Pocket		None		None	
Formulary Type		Comprehensive+		Comprehensive+	
Part B Prescription Drugs		\$0 Copay		\$0 Copay	

	Aetna Medicare (S02) ESA PPO Medicare Advantage with Part D Coverage		Aetna Medicare (C04) ESA PPO Plan Medicare Advantage with Part D Coverage	
Pharmacy Network	www.aetnaretireplans.com		www.aetnaretireplans.com	
Prior Authorization	Applicable		Applicable	
Step Therapy	Applicable		Applicable	
Quantity Limits	Applicable		Applicable	
Generic Oral Contraceptives - Covered In Full				
Mandatory Mail-Order for Maintenance Medications				

	Excelsus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excelsus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Plan Overview				
Plan ID	MA Plan 1 no Rx 139		MA Plan 2 no RX 292	
Plan Name	Excelsus Large Group Plan 2		Excelsus Large Group Plan 6 with Dental	
Plan Highlights	Medicare Advantage		Medicare Advantage	
Plan Type	MA		MA	
HSA Eligible	No		No	
Quote Effective	01/01/2023-12/31/2023		1/1/2023-12/31/2023	
Rate (\$)				
Single	\$139.99		\$292.03	
Plan Cost-Sharing Highlights				
Out-of-Network Benefits	Differs from In Network Benefits		Differs from In Network Benefits	
Out-of-Area Benefits	Differs from In Network Benefits		Differs from In Network Benefits	
Wellness Incentives	Silver&Fit Blue365 Discount Program		Silver&Fit Blue365 Discount Program	
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Specialist Office Visit	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Coinsurance	20%	20%	20%	10%
Deductible	None	\$250 Individual	None	None
Out-of-Pocket Maximum	\$1,250 Individual	\$8,000 Combined In and Out of Network	\$0 Individual	\$8,000 Combined In and Out of Network
Combined In and Out of Network Maximum Out of Pocket	No	Yes	No	Yes
Plan Benefits				
OTC Monthly Allowance				
Dental Benefits	No	No	Yes	Yes
Healthy Rewards Program (gift cards for completing specific health activities)				
Meals (following an inpatient Personal Emergency Response System (PERS))				
In Network match Out of Network Benefits	No	No		
Preventive Healthcare Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Wellness Exam	Covered in Full	\$25 Copay	Covered in Full	10% Coinsurance
Routine Physical Exam				
Mammography	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Pap Smear	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Routine GYN Exam	Covered in Full	\$25 Copay	Covered in Full	10% Coinsurance
Prostate Cancer Screening	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Colonoscopy	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Bone Mass Measurements	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Cardiovascular Disease Screenings				

		Excelsus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excelsus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Immunizations (Flu, Hep B, Pneumococcal)		Covered in Full	Covered in Full for Flu and pneumonia. Hep B and other vaccines 20% Coinsurance After Deductible	Covered in Full	Covered in Full for Flu and pneumonia. Hep B and other vaccines 10% Coinsurance
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits	Unlimited Days	\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Care		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Residential Care		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Detoxification		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Rehabilitation		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Residential Care		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Skilled Nursing Facility		\$0 Copay Days 1-20 \$188 Copay Per Day, Days 21-100	50% Coinsurance After Deductible Days 1-100	\$0 Copay Days 1-101 and Beyond	10% Coinsurance Days 10-101 and Beyond
Inpatient Professional Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Observation Stay		\$50 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Anesthesia		Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
In-Hospital Physician Visits and Consults		Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Outpatient Facility Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical Care		\$50 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic X-Rays		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine X-Rays		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Advanced Imaging Services		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic Laboratory and Pathology		Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine Laboratory and Pathology					
Diagnostic Testing		Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Radiation Therapy		\$15 Copay	20% Coinsurance After Deductible		
Chemotherapy		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Dialysis		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Mental Health Care		20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance

	Excellus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excellus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Substance Use Care	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Home Health Care and Hospice Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Hospice Care Inpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Hospice Care Outpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Surgery	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Diagnostic X-Ray	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine X-Ray	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Advanced Imaging Services	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic Laboratory and Pathology	Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine Laboratory and Pathology				
Radiation Therapy	\$15 Copay	20% Coinsurance	\$0 Copay	10% Coinsurance
Chemotherapy	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Care	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Treatment	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Cardiac Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Pulmonary Rehabilitation				
Telehealth	\$15 Copay- MD Live \$15 Copay Behavioral Health Provider Additional Telehealth Services: follows in- person copay	Not Covered	\$0 Copay- MD Live \$0 Copay Behavioral Health Provider Additional Telehealth Services: follows in-person copay	Not Covered
Allergy Testing	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Allergy Treatment including Serum	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Hearing Evaluation Routine	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider
Adult Hearing Aids	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider
Rehab and Habilitation Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Occupational Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Speech Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Other Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network

	Excellus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excellus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Durable Medical Equipment (DME)	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diabetic Supplies (meters test strips)	\$5 Copay for 30 Day Supply	20% Coinsurance After Deductible	\$0 Copay for 30 Day Supply	10% Coinsurance
Prosthetic - External Benefit	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Podiatrist	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Chiropractic Care	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Acupuncture	50% Coinsurance 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	50% Coinsurance 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	\$0 Copay 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	\$0 Copay 20 visit per year for chronic back pain 10 additional visits for any other diagnosis
Emergency Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Care - Facility Worldwide	\$65 Copay	\$65 Copay	\$0 Copay	\$0 Copay
Ambulance - Pre-Hospital Emergency Services	\$65 Copay	\$65 Copay	\$0 Copay	\$0 Copay
Urgent Care Center - Facility (Worldwide)	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Routine Vision Exam (Annual)	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Adult Eyewear	\$100 Allowance		\$100 Allowance	
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Dental Care			The plan will pay up to the maximum allowable benefit for each service covered. Balance Billing May Apply.	The plan will pay up to the maximum allowable benefit for each service covered. Balance Billing May Apply.
Medicare Covered Dental				
Pharmaceutical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
NO RX Coverage				
Part B Medications	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance

	Excellus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excellus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Plan Overview				
Plan ID	MAPD Plan 1 RX 5-15-30		MA Plan 2 no RX 292	
Plan Name	Excellus Large Group Plan 2 with RX		Excellus Large Group Plan 6 with Dental and RX	
Plan Highlights	Medicare Advantage		Medicare Advantage	
Plan Type	MAPD		MAPD	
HSA Eligible	No		No	
Quote Effective	01/01/2023-12/31/2023		1/1/2023-12/31/2023	
Rate (\$)				
Single	\$326.00		\$424.65	
Plan Cost-Sharing Highlights				
Out-of-Network Benefits	Differs from In Network Benefits		Differs from In Network Benefits	
Out-of-Area Benefits	Differs from In Network Benefits		Differs from In Network Benefits	
Wellness Incentives	Silver&Fit		Silver&Fit	
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Specialist Office Visit	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Coinsurance	20%	20%	20%	10%
Deductible	None	\$250 Individual	None	None
Out-of-Pocket Maximum	\$1,250 Individual	\$8,000 Combined In and Out of Network	\$0 Individual	\$8,000 Combined In and Out of Network
Combined In and Out of Network Maximum Out of Pocket	No	Yes	No	Yes
Plan Benefits				
OTC Monthly Allowance				
Dental Benefits	No	No	Yes	Yes
Healthy Rewards Program (gift cards for completing specific health activities)				
Meals (following an inpatient stay)				
Personal Emergency Response System (PERS)				
In Network match Out of Network Benefits	No	No		
Preventive Healthcare Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Wellness Exam	Covered in Full	\$25 Copay	Covered in Full	10% Coinsurance
Routine Physical Exam				
Mammography	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Pap Smear	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Routine GYN Exam	Covered in Full	\$25 Copay	Covered in Full	10% Coinsurance
Prostate Cancer Screening	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Colonoscopy	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Bone Mass Measurements	Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Cardiovascular Disease Screenings				
Immunizations (Flu, Hep B, Pneumococcal)	Covered in Full	Covered in Full for Flu and pneumonia. Hep B and other vaccines 20% Coinsurance After Deductible	Covered in Full	Covered in Full for Flu and pneumonia. Hep B and other vaccines 10% Coinsurance

		Excellus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excellus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits	Unlimited Days	\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Care		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Residential Care		\$250 Copay	20% Coinsurance	\$0 Copay	10% Coinsurance
Substance Use Detoxification		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Rehabilitation		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Residential Care		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Skilled Nursing Facility		\$0 Copay Days 1-20 \$188 Copay Per Day, Days 21-100	50% Coinsurance After Deductible Days 1-100	\$0 Copay Days 1-101 and Beyond	10% Coinsurance Days 10-101 and Beyond
Inpatient Professional Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery		\$250 Copay Maximum 3 Copays Per Year	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Observation Stay		\$50 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Anesthesia		Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
In-Hospital Physician Visits and Consults		Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance
Outpatient Facility Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical Care		\$50 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic X-Rays		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine X-Rays		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Advanced Imaging Services		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic Laboratory and Pathology		Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine Laboratory and Pathology					
Diagnostic Testing		Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Radiation Therapy		\$15 Copay	20% Coinsurance After Deductible		
Chemotherapy		\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Dialysis		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Mental Health Care		20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Care		20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Home Health Care and Hospice Care		In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care		Covered in Full	20% Coinsurance After Deductible	Covered in Full	10% Coinsurance

	Excelsus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excelsus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Hospice Care Inpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Hospice Care Outpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Surgery	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Diagnostic X-Ray	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine X-Ray	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Advanced Imaging Services	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diagnostic Laboratory and Pathology	Covered in Full	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Routine Laboratory and Pathology				
Radiation Therapy	\$15 Copay	20% Coinsurance After Deductible		
Chemotherapy	\$15 Copay	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Mental Health Care	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Substance Use Treatment	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Cardiac Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Pulmonary Rehabilitation				
Telehealth	\$15 Copay- MD Live \$15 Copay Behavioral Health Provider Additional Telehealth Services: follows in- person copay	Not Covered	\$0 Copay- MD Live \$0 Copay Behavioral Health Provider Additional Telehealth Services: follows in-person copay	Not Covered
Allergy Testing	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Allergy Treatment including Serum	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Hearing Evaluation Routine	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider	\$0 Copay Must use TruHearing Provider
Adult Hearing Aids	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider	\$699 Copay for Advanced Hearing Aids \$999 Copay for Premium Hearing Aids Limit 2 per year Must use TruHearing Provider
Rehab and Habilitation Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Occupational Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Speech Rehabilitation	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Other Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME)	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Diabetic Supplies (meters test strips)	\$5 Copay for 30 Day Supply	20% Coinsurance After Deductible	\$0 Copay for 30 Day Supply	10% Coinsurance

	Excellus Medicare Blue PPO Copay Plan 1 Medicare Advantage Plan		Excellus Medicare Blue PPO Copay Plan 2 Medicare Advantage Plan	
Prosthetic - External Benefit	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Podiatrist	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Chiropractic Care	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Acupuncture	50% Coinsurance 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	50% Coinsurance 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	\$0 Copay 20 visit per year for chronic back pain 10 additional visits for any other diagnosis	\$0 Copay 20 visit per year for chronic back pain 10 additional visits for any other diagnosis
Emergency Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room Care - Facility Worldwide	\$65 Copay	\$65 Copay	\$0 Copay	\$0 Copay
Ambulance - Pre-Hospital Emergency Services	\$65 Copay	\$65 Copay	\$0 Copay	\$0 Copay
Urgent Care Center - Facility (Worldwide)	\$15 Copay	\$15 Copay	\$0 Copay	\$0 Copay
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Routine Vision Exam (Annual)	\$15 Copay	\$25 Copay	\$0 Copay	10% Coinsurance
Adult Eyewear	\$100 Allowance		\$100 Allowance	
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Dental Care			The plan will pay up to the maximum allowable benefit for each service covered. Balance Billing May Apply.	The plan will pay up to the maximum allowable benefit for each service covered. Balance Billing May Apply.
Medicare Covered Dental				
Pharmaceutical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy (limited to a 30-day supply)	Tier 1: \$5 Copay	Only Covered at in-network cost sharing in emergency situations.	Tier 1: \$10 Copay	Only Covered at in-network cost sharing in emergency situations.
	Tier 2: \$15 Copay		Tier 2: \$25 Copay	
	Tier 3: \$30 Copay		Tier 3: \$40 Copay	
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1: \$10 Copay		Tier 1: \$20 Copay	
	Tier 2: \$30 Copay		Tier 2: \$50 Copay	
	Tier 3: \$60 Copay		Tier 3: \$80 Copay	
Gap Coverage	Coverage for generic drugs is provided by the Part D Plan. Coverage for Brand name drugs is provided by wraparound group health plan.		Coverage for generic drugs is provided by the Part D Plan. Coverage for Brand name drugs is provided by wraparound group health plan.	
Catastrophic Coverage (Starts once \$7,400 in true out-of-pocket costs are incurred.)	The member pays the greater of \$3.95 Copay for generic and \$9.85 copay for all toehr drugs, or 5% coinsurance.		The member pays the greater of \$3.95 Copay for generic and \$9.85 copay for all toehr drugs, or 5% coinsurance.	
RX Annual Maximum Out of Pocket				
Formulary Type				
Pharmacy Network				
MAC Penalty (Mandatory Generic Substitution)				
Step Therapy	Applicable		Applicable	
Quantity Limits	Applicable		Applicable	
Prior Authorization	Applicable		Applicable	
Part B Medications (ie. Chemotherapy drugs)	20% Coinsurance	20% Coinsurance After Deductible	\$0 Copay	10% Coinsurance
Generic Oral Contraceptives - Covered In Full				
Mandatory Mail-Order for Maintenance Medications				
MAC Penalty (Mandatory Generic Substitution)				

		ProAct EGWP Employer Group Waiver Plan	
Plan Overview			
Plan ID			
Plan Name		ProAct EGWP	
Plan Highlights			
Plan Type		Part D- EGWP	
HSA Eligible		No	
Quote Effective		01/01/2023- 12/31/2023	
Rate (\$)			
Single		\$299.47	
Plan Features			
		Can work with any MA plan- medical only plan.	
		Manufacturer rebates continue going back to the Consortium.	
		Would affect any municipality who pursues RDS reimbursements.	
		Would require a separate ID card for all retirees enrolled in the	
		Any EGWP allows access to CMS subsidies for the	
		LIS processing would result in having to adjust premiums on an	
Plan Benefits			
Pharmaceutical Coverage		In-Network	Out-of-Network
Retail Pharmacy (limited to a 30-day supply)		Can build whatever plan we want.	Only Covered at in-network cost sharing in emergency situations.
Mail-Order Pharmacy (limited to a 90-day supply)			
Gap Coverage		Members receive the 70% brand copay discount in the Doughnut Hold from manufacturers, Payments received quarterly; Member will see no change in	
Catastrophic Coverage (Starts once \$7,400 in true out-of-pocket costs are incurred.)		Covers 80% of the claims based on a \$6,500 TRoOP* Note this is lower than the standard Troop	
RX Annual Maximum Out of Pocket		N/A	
Formulary Type		Standard Part D Formulary	
Pharmacy Network		Same as Existing ProAct network	
MAC Penalty (Mandatory Generic Substitution)			
Step Therapy		Applicable	
Quantity Limits		Applicable	
Prior Authorization		Applicable	
Part B Medications (ie. Chemotherapy drugs)		Covered under Medical Coverage	
Generic Oral Contraceptives - Covered In Full			
Mandatory Mail-Order for Maintenance			
MAC Penalty (Mandatory Generic Substitution)			

**Greater Tompkins County Municipal Health Consortium
Prescription Drug Coverage for Medicare Part D Eligible**

Members' EGWP Plus Wrap Analysis

Effective: 1/1/2023 - 12/31/2023

			Self-Funded EGWP + Self-Funded Wrap		
		Current RDS Estimated	Estimated Annual Spend	Estimated PMPM	Estimated Annual Spend
1	Average Covered Members	693		693	
2	Plan Liability Expected	\$511.90	\$4,256,992.08	\$511.90	\$4,256,992.08
3	CMS Direct Subsidy	-	-	\$5.81	\$48,315.96
4	CMS RDS Subsidy	(\$43.85)	(\$364,656.60)	-	-
5	Administration Fee	\$4.00	\$33,264.00	\$13.50	\$112,266.00
6	Rebate Anticipated	(\$91.42)	(\$760,248.72)	(\$92.70)	(\$770,893.20)
7	Premium Equivalent Rate	\$380.63	\$3,165,650.76	\$438.51	\$3,648,680.84
8	Expected 70% Brand Manufacturer Discount in Gap	-	-	(\$59.36)	(\$493,600.34)
9	CMS Reinsurance Anticipated	-	-	(\$79.69)	(\$662,681.25)
10	Expected Plan Liability after all settlements	\$380.63	\$3,165,350.76	\$299.47	\$2,490,399.25
11	PMPM Estimated Savings of moving to Part D			\$81.16	
12	Total Additional Cash Savings to Plan, CY 2022			\$674,951.51	21.32%

These Premium equivalent rates have been generated using the best information possible.
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Additional Fees:

Miscellaneous Fees	
Retrospective Drug Utilization Review	Included
Eligibility Submission - manual	Included
Explanation of Benefits (EOB)	\$1.19 PMPM
Formulary Management Services	Included
Group Set Up Fees	Included
ID Cards - Initial	Included
ID Cards - Customized	Pass-Thru
ID Cards - Replacements	\$2.00 per member + postage
Standard Member Communications - Printing/Mailing	\$2.00 + postage per member mailing
Custom Member Communications - Printing/Mailing	TBD
Prior Authorization Administrative Overrides	\$30.00
Coverage Determinations	\$55.00
Toll Free Number	Included
Ad hoc Reports	\$150.00 per Programming Hour

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Miscellaneous Fees	
Standard Management Reports	Included
PDE Reporting	Included
Coordination of Benefits (COB)	Included
Vaccine - Participating Pharmacy	\$20.00 per vaccine
Appeals	\$300 per clinical review \$150 per administrative
Custom Formulary Materials	Included
Electronic Prescribing	\$0.25 per eRX transaction
Plan Sponsor Management fee	Included
Medication Therapy Management (MTM)	\$1.15 PMPM
Annual Notice of Change (ANOC)	\$0.30 PMPM
Evidence of Coverage (EOC)	\$0.65 PMPM
New Member Packets	Included
Drug Utilization Review Programs (DUR)	Included

		UnitedHealthcare Group Medicare Advantage (PPO) MA Plan 1- 100% Medical		UnitedHealthcare Group Medical Advantage (PPO) MA Plan 2- Matches Current Excellus BCBS Plan	
Plan Overview					
Plan ID		RP-19984		RP-19985	
Plan Name		MA Plan 1- 100% Medical		MA Plan 2- Matches current Excellus BCBS Plan	
Plan Highlights		Medicare Advantage Plan		Medicare Advantage Plan	
Plan Type		MA Only		MA Only	
HSA Eligible		No		No	
Quote Effective		1/1/2023- 12/31/2023		1/1/2023- 12/31/2023	
Rate (\$)					
Single	2023	\$125.00		\$74.00	
Single	2024	\$95.00		\$44.00	
Plan Cost-Sharing Highlights					
Plan Cost-Sharing Highlights		In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit		\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Specialist Office Visit		\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Coinsurance		None	None	20%	20%
Deductible		None	None	None	None
Medical Out-of-Pocket Maximum		\$0	\$0	\$2,000 Individual	\$2,000 Individual
Combined In and Out of Network Maximum Out of Pocket		Yes	Yes	Yes	Yes
Plan Benefits					
OTC Monthly Allowance		None	None	None	None
Dental Benefits		None	None	None	None
Healthy Rewards Program (gift cards for completing specific health activities)		Included	Not Covered	Included	Not Covered
Meals (covered up to 28 meals following an inpatient stay)		\$0 Copay	Not Covered	\$0 Copay	Not Covered
Personal Emergency Response System (PERS)		Included	Not Covered	Included	Not Covered
In Network match Out of Network Benefits		Yes		Yes	
Preventive Healthcare Services		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Wellness Exam		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Routine Physical Exam		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Mammography		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Pap Smear		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Routine GYN Exam		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Prostate Cancer Screening		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Colonoscopy		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Bone Mass Measurements		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Cardiovascular Disease Screenings		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Immunizations (Flu, Hep B, Pneumococcal)		Covered in Full	Covered in Full	Covered in Full	Covered in Full
Inpatient Facility Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits Per Admit		\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay
Mental Health Care		\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay
Substance Use Detoxification		\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay
Substance Use Rehabilitation		\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay
Substance Use Residential Care		\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay

	UnitedHealthcare Group Medicare Advantage (PPO) MA Plan 1- 100% Medical		UnitedHealthcare Group Medical Advantage (PPO) MA Plan 2- Matches Current Excellus BCBS Plan	
Skilled Nursing Facility	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100
Inpatient Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay
Anesthesia				
Outpatient Facility Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay
Diagnostic X-Rays	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Routine X-Rays	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Advanced Imaging Services	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Diagnostic Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Routine Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Diagnostic Testing	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Radiation Therapy				
Chemotherapy				
Mental Health Care	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Substance Use Care	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Home Health Care and Hospice Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Hospice Care Inpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Hospice Care Outpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Surgery	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay
Diagnostic X-Ray	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Routine X-Ray	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Advanced Imaging Services				
Diagnostic Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Routine Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Radiation Therapy				
Dialysis	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Chemotherapy				
Mental Health Care	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Substance Use Treatment	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Cardiac Rehabilitation	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Pulmonary Rehabilitation	\$0 Copay	\$0 Copay	\$20 Copay	\$20 Copay
Telehealth with AmWell, Doctor on Demand, or Teladoc	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Telemedicine	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Allergy Testing				
Allergy Treatment including Serum				
Hearing Exam Diagnostic	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Hearing Evaluation Routine	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Adult Hearing Aids	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years
Rehabilitation Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Occupational Rehabilitation	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Speech Rehabilitation	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay

	UnitedHealthcare Group Medicare Advantage (PPO) MA Plan 1- 100% Medical		UnitedHealthcare Group Medical Advantage (PPO) MA Plan 2- Matches Current Excellus BCBS Plan	
Other Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME)/ Supplies	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance
Prosthetic - External Benefit	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance
Orthotics	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance
Chiropractic Care	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay
Podiatrist Visit (6 visits per year)	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Acupuncture	\$0 Copay	\$0 Copay	\$15 Copay 10 Visits Per Year	\$15 Copay 10 Visits Per Year
Emergency Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room (Worldwide Coverage)	waived if admitted to hospital \$0 Copay	\$0 Copay	\$125 Copay	\$125 Copay
Ambulance - Pre-Hospital Emergency Services Transportation	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay
Transportation (non- emergency)	12 per year	12 per year	12 per year	12 per year
Urgent Care Center - Facility (Worldwide Coverage)	\$0 Copay	\$0 Copay	\$40 Copay	\$40 Copay
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Vision Exam (Annual)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Eyewear	\$100 Allowance		\$100 Allowance	
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered
Medicare Covered Dental Services	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay
Pharmaceutical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
No RX Coverage Only Medical				

	UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 1- 100% Medicare w/ RX \$5/35/70/70		UnitedHealthcare Group Medical Advantage (PPO) MAPD Plan 2- 100% Medical with Rx \$10/25/40/40		UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 3- Matches Excellus BCBS plan with RX \$5/35/70/70		UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 4- Matches Excellus BCBS plan with RX \$10/25/40/40	
Plan Overview								
Plan ID	RP-19986		RP-19987		RP-19988		RP-19989	
Plan Name	MAPD Plan 1		MAPD Plan 2		MAPD Plan 3		MAPD Plan 4	
Plan Highlights	Medicare Advantage Plan		Medicare Advantage Plan		Medicare Advantage Plan		Medicare Advantage Plan	
Plan Type	MAPD		MAPD		MAPD		MAPD	
HSA Eligible	No		No		No		No	
Quote Effective	1/1/2023- 12/31/2023		1/1/2023- 12/31/2023		1/1/2023- 12/31/2023		1/1/2023- 12/31/2023	
Rate (\$)								
Single	2023	\$307.00		\$308.00		\$255.00		\$256.00
Single	2024	\$307.00		\$308.00		\$255.00		\$256.00
Plan Cost-Sharing Highlights								
Plan Cost-Sharing Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Specialist Office Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Coinsurance	None	None	None	None	20%	20%	20%	20%
Deductible	None	None	None	None	None	None	None	None
Medical Out-of-Pocket Maximum	\$0	\$0	\$0	\$0	\$2,000 Individual	\$2,000 Individual	\$2,000 Individual	\$2,000 Individual
Combined In and Out of Network Maximum Out of Pocket	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Benefits								
OTC Monthly Allowance	None	None	None	None	None	None	None	None
Dental Benefits	None	None	None	None	None	None	None	None
Healthy Rewards Program (gift cards for completing)	Included	Not Covered	Included	Not Covered	Included	Not Covered	Included	Not Covered
Meals (covered up to 28 meals following an inpatient stay)	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Personal Emergency Response System (PERS)	Included	Not Covered	Included	Not Covered	Included	Not Covered	Included	Not Covered
In Network match Out of Network Benefits	Yes		Yes		Yes		Yes	
Preventive Healthcare Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Wellness Exam	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Routine Physical Exam	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Mammography	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Pap Smear	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Routine GYN Exam	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Prostate Cancer Screening	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Colonoscopy	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Bone Mass Measurements	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Cardiovascular Disease Screenings	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Immunizations (Flu, Hep B, Pneumococcal)	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Inpatient Facility Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Benefits Per Admit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Mental Health Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Substance Use Detoxification	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Substance Use Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Substance Use Residential Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Skilled Nursing Facility	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100
Inpatient Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Surgery	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Anesthesia								
Outpatient Facility Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Surgical Centers and Free Standing Ambulatory Centers Surgical	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Diagnostic X-Rays	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Routine X-Rays	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Advanced Imaging Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Diagnostic Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Routine Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Diagnostic Testing	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Radiation Therapy								
Chemotherapy								
Mental Health Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Substance Use Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Home Health Care and Hospice Care	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Hospice Care Inpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Hospice Care Outpatient	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice	Covered by Original Medicare At a Medicare certified hospice
Outpatient and Office Professional Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Surgery	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Diagnostic X-Ray	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Routine X-Ray	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Advanced Imaging Services								
Diagnostic Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

	UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 1- 100% Medicare w/ RX \$5/35/70/70		UnitedHealthcare Group Medical Advantage (PPO) MAPD Plan 2- 100% Medical with Rx \$10/25/40/40		UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 3- Matches Excellus BCBS plan with RX \$5/35/70/70		UnitedHealthcare Group Medicare Advantage (PPO) MAPD Plan 4- Matches Excellus BCBS plan with RX \$10/25/40/40	
Routine Laboratory and Pathology	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Radiation Therapy								
Dialysis	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Chemotherapy								
Mental Health Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Substance Use Treatment	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Cardiac Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Pulmonary Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Telehealth with AmWell, Doctor on Demand, or Teladoc	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Telemedicine	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Allergy Testing								
Allergy Treatment including Serum								
Hearing Exam Diagnostic	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Hearing Evaluation Routine	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Adult Hearing Aids	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years	\$3,500 Allowance Every 3 Years
Rehabilitation Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physical Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Occupational Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Speech Rehabilitation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Other Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME)/ Supplies	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Prosthetic - External Benefit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Orthotics	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Chiropractic Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Podiatrist Visit (6 visits per year)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Acupuncture	\$0 Copay (10 visits per year)	\$0 Copay (10 visits per year)	\$0 Copay (10 visits per year)	\$0 Copay (10 visits per year)	\$15 Copay 10 Visits Per Year	\$15 Copay 10 Visits Per Year	\$15 Copay 10 Visits Per Year	\$15 Copay 10 Visits Per Year
Emergency Services	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room (Worldwide Coverage)	waived if admitted to hospital \$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$125 Copay	\$125 Copay	\$125 Copay	\$125 Copay
Ambulance - Pre-Hospital Emergency Services Transportation	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Transportation (non-emergency)	12 per year	12 per year	12 per year	12 per year	12 per year	12 per year	12 per year	12 per year
Urgent Care Center - Facility (Worldwide Coverage)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Routine Vision Exam (Annual)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Eyewear	\$100 Allowance		\$100 Allowance		\$100 Allowance		\$100 Allowance	
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Medicare Covered Dental Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Pharmaceutical Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy (limited to a 30-day supply)	Tier 1: \$5 Copay Tier 2: \$35 Copay Tier 3: \$70 Copay Tier 4: \$70 Copay	Not Covered	Tier 1: \$10 Copay Tier 2: \$25 Copay Tier 3: \$40 Copay Tier 4: \$40 Copay	Not Covered	Tier 1: \$5 Copay Tier 2: \$35 Copay Tier 3: \$70 Copay Tier 4: \$70 Copay	Not Covered	Tier 1: \$10 Copay Tier 2: \$25 Copay Tier 3: \$40 Copay Tier 4: \$40 Copay	Not Covered
Mail-Order Pharmacy (limited to a 90-day supply)	Tier 1: \$10 Copay Tier 2: \$70 Copay Tier 3: \$140 Copay Tier 4: \$140 Copay		Tier 1: \$20 Copay Tier 2: \$50 Copay Tier 3: \$80 Copay Tier 4: \$80 Copay		Tier 1: \$10 Copay Tier 2: \$70 Copay Tier 3: \$140 Copay Tier 4: \$140 Copay		Tier 1: \$20 Copay Tier 2: \$50 Copay Tier 3: \$80 Copay Tier 4: \$80 Copay	
Gap Coverage	Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap		Gap Eliminated: Full Coverage in Gap	
Catastrophic Coverage (Starts once \$7,400 in true out-of-pocket costs are incurred.)	5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less		5% cost share or Tier rate Whichever is less	
RX Annual Maximum Out of Pocket	None		None		None		None	
Formulary Type	Standard Formulary H		Standard Formulary H		Standard Formulary H		Standard Formulary H	
Part B Prescription Drugs	\$0 Copay		\$0 Copay		\$0 Copay		\$0 Copay	
Pharmacy Network								
MAC Penalty (Mandatory Generic Substitution)								
Step Therapy	Applicable		Applicable		Applicable		Applicable	
Prior Authorization	Applicable		Applicable		Applicable		Applicable	
Quantity Limits	Applicable		Applicable		Applicable		Applicable	
Part B Medications (ie. Chemotherapy drugs)								
Generic Oral Contraceptives - Covered In Full	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Mandatory Mail-Order for Maintenance Medications								

MEMORANDUM

DATE: DECEMBER 7, 2020

**TO: GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE, AND AUDIT & FINANCE COMMITTEE**

FROM: LOCEY & CAHILL, LLC

SUBJECT: 2021 PROACT, INC. RENEWAL PROPOSAL

This memo is being provided as an update regarding the most recent renewal proposal offered by ProAct, Inc. to continue in the role of Prescription Benefit Manager (PBM) for the Greater Tompkins County Municipal Health Insurance Consortium.

As you may be aware, ProAct, Inc. has been the Consortium’s PBM since January 1, 2013, when they replaced Express Scripts, Inc. At that time, the main motivation to change PBM’s was the need for more localized and “hands on” customer service for the Consortium and its members. The Consortium did go through a Request for Proposal (RFP) process in 2016 and again awarded the business to ProAct, Inc. for the 2017 Fiscal Year with options to renew annually thereafter.

The Consortium made the decision to renew with ProAct, Inc. in 2018 extending the contract for one year. Prior to the 2019 Fiscal Year, new terms were negotiated and ProAct, Inc modified its financial offer to include the terms noted below:

PBM Service Description		2017	2019	
Claims Processing Fee - Per Paid Claim		\$1.00	\$1.75	
Manufacturer Rebate Guarantee	Rebate Percentage	100%	100%	
	Minimum Per Retail Brand Rx	n/a	n/a	
	Minimum Per Mail-Order Brand Rx	n/a	n/a	
	Minimum Per Specialty Brand Rx	n/a	n/a	
Retail Network Pharmacy Rates	Brand	AWP Discount	16.0%	17.0%
		Dispensing Fee	\$1.35	\$0.90
	Generic	AWP Discount	MAC	MAC
		Dispensing Fee	\$1.40	\$0.90
Mail-Order Service Pharmacy Rates	Brand	AWP Discount	24.0%	25.0%
		Dispensing Fee	\$0.00	\$0.00
	Generic	AWP Discount	80.0%	82.0%
		Dispensing Fee	\$0.00	\$0.00
Specialty Drug Pricing	AWP Discount	15.50%	17.00%	
	Dispensing Fee	\$1.40	\$0.90	

**GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE, AND AUDIT & FINANCE COMMITTEE MEMO
SUBJECT: 2021 PROACT, INC RENEWAL PROPOSAL
DECEMBER 7, 2020
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It was further agreed this year that the Consortium would renew with ProAct, Inc. for the 2021 Fiscal Year as it was determined that conducting a full RFP process this year was too difficult with the complications of running the Consortium during the COVID-19 pandemic. As a result, we were asked to work with ProAct, Inc. to obtain a revised financial proposal for the 2021 Fiscal Year. To that end, we received an initial proposal and then held a meeting with David Schryver, President, ProAct, Inc. to discuss the proposal and some issues the Consortium had experienced with service in recent years. This meeting ultimately produced a new proposal from ProAct, Inc. as noted in the “revised proposal” column in the chart below:

PBM Service Description				<i>Initial Proposal</i>	<i>Revised Proposal</i>	
		2017	2019	2021	2021	
Claims Processing Fee - Per Paid Claim		\$1.00	\$1.75	\$1.75	\$1.75	
Manufacturer Rebate Guarantee	Rebate Percentage	100%	100%	100%	100%	
	Minimum Per Retail Brand Rx	n/a	n/a	\$93.85	\$105.34	
	Minimum Per Mail-Order Brand Rx	n/a	n/a	\$351.69	\$366.26	
	Minimum Per Specialty Brand Rx	n/a	n/a	\$1,323.96	\$1,401.23	
Retail Network Pharmacy Rates	Brand	AWP Discount	16.0%	17.0%	18.0%	18.4%
		Dispensing Fee	\$1.35	\$0.90	\$0.90	\$0.80
	Generic	AWP Discount	MAC	MAC	MAC = 82.0%	MAC = 82.0%
		Dispensing Fee	\$1.40	\$0.90	\$0.90	\$0.80
Mail-Order Service Pharmacy Rates	Brand	AWP Discount	24.0%	25.0%	25.0%	25.0%
		Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00
	Generic	AWP Discount	80.0%	82.0%	83.0%	83.5%
		Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00
Specialty Drug Pricing		AWP Discount	15.50%	17.00%	18.25%	18.25%
		Dispensing Fee	\$1.40	\$0.90	\$0.00	\$0.00

In terms of impact on the Consortium, the following positive results were achieved through this process:

1. Pharmaceutical Manufacturer Rebates

Two primary objectives were obtained relative to the pharmaceutical manufacturer rebates in these renewal discussions/negotiations:

- a. ProAct, Inc. agreed to implement a minimum guarantee regarding the pharmaceutical manufacturers rebate for the 2021 Fiscal Year. Based on ProAct’s estimates of 7,664 retail brand name drugs, 681 mail-order brand name drugs, and 578 specialty brand name drugs, the initial proposal included a minimum rebate for the year totaling approximately \$1.72 million. In the revised proposal this number was increased to a minimum guarantee of approximately \$1.86 million. To put this into perspective, we are currently estimating that the Consortium will receive total rebates of approximately \$1.6 million for the 2020 Fiscal Year.
- b. Maintain the current agreement to continue to have the Consortium receive 100% of the pharmacy manufacturer rebates related to its pharmacy benefits program.

2. *Retail Pharmacy Dispensing Fees*

This aspect of the pricing is straightforward as it relates to the amount of money paid to the retail pharmacies when a medication is dispensed to a covered member in the Consortium. ProAct, Inc. was able to lower this cost to the Consortium by \$0.10 per prescription in its revised proposal. This action will lower the Consortium's costs by approximately \$8,000 annually as the Consortium has more than 80,000 prescriptions filled at a retail pharmacy each year. Obviously not a sum of money that will alter anyone's premium rates, but a small savings which lower the cost of claims to the Consortium.

3. *Retail Pharmacy Brand Name Drug Discounts*

Our goal here was to ensure the retail pharmacy brand name drug discount was at an optimal level for the Consortium. In ProAct's original proposal, the discount was set at Average Wholesale Price (AWP) less 18.0% which was an improvement over the current discount which is AWP less 17.0%. In the revised proposal, ProAct, Inc. was able to increase this discount to AWP less 18.4% which we feel is a fair number given the size of this Consortium and the benefit structures in place with the Consortium.

4. *Retail Pharmacy Generic Drug Discounts*

Our goal here was to ensure the retail pharmacy generic drug discount was at an optimal level for the Consortium. In ProAct's original proposal, the discount was set at a Maximum Allowable Cost (MAC) which ProAct has noted is equal to AWP less 82% pricing model. We feel this is a fair number given this size of this Consortium and given the benefit structures in place with this Consortium.

5. *Mail-Order Pharmacy Generic Drug Discounts*

Like the retail pharmacy pricing model for generic medications, the ProAct, Inc. proposal improved the discount on mail-order pharmacy generic medications by increasing the discount to AWP -83.0% in the initial proposal. This offer was further enhanced in the revised proposal pushing the discount up to AWP -83.5%. Again, we feel this is a fair number given this size of this Consortium and given the benefit structures in place with this Consortium.

6. *Specialty Drug Discounts*

Our goal here was to ensure the specialty pharmacy brand name drug discount was at an optimal level for the Consortium. In ProAct's original and revised proposals, the discount was set at AWP less 18.25% which was an improvement over the current discount which is AWP less 17.0%. Again, we feel this is a fair number given this size of this Consortium and given the benefit structures in place with this Consortium.

7. *Specialty Drug Dispensing Fees*

ProAct, Inc. removed the dispensing fee associated with specialty pharmacy medications. This will have a minor impact on overall costs as the Consortium members fill approximately 1,400 specialty medications a year.

**GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM
EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE, AND AUDIT & FINANCE COMMITTEE MEMO
SUBJECT: 2021 PROACT, INC RENEWAL PROPOSAL
DECEMBER 7, 2020
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While we are aware that some plans have been able to secure more favorable pricing terms, the Greater Tompkins County Municipal Health Insurance Consortium is limited in this regard as the formulary must be completely open and the pharmacy network must be similar in size and accessibility to what has been in place for the past several years. If the Consortium were able to negotiate to a more restrictive formulary and/or a smaller pharmacy network, the ingredient discounts, and other financial terms of an agreement with a PBM could be more favorable. However, this would have to be collectively bargained and would have to be agreed to by all in the Consortium to be effective.

As a “last step” in this process, we will be asking ProAct, Inc. for an updated Agreement. We will look to review this Agreement to ensure it has favorable terms and conditions designed to protect the Consortium and to achieve the best pricing model possible. In this review, we will be looking for items, such as:

1. A clear statement regarding pricing guarantees to ensure each pricing guarantee is measured and reconciled independent from the others based on each category of discount agreed to and as noted in the proposal summary on Page 2 of this Memo. This language should indicate when reconciliations will occur and when any amounts owed would be paid to the Consortium based on this reconciliation process.
2. A commitment from ProAct, Inc. that any major changes in their corporate structure, service model, pharmacy networks, AWP reporting source, or internal operations would be disclosed to the Consortium at least 60-days prior to any change occurring.
3. Agreement that pharmacies in the ProAct, Inc. network will limit their pharmacies to charging covered members the lowest of the discounted ingredient cost, the covered member’s applicable copayment, the participating pharmacy’s usual and customary price, or the MAC price guarantee.
4. Maintaining optimal auditing rights for the Consortium to ensure a review of pricing discounts, pharmaceutical manufacturer rebates, dispensing fees, and any other cost terms may be conducted with reasonable notice to ensure the Consortium is billing billed or is receiving the dollar values as agreed to and as expressed in the contract. We will be sure this language indicates that it is the Consortium’s choice relative to auditor and that ProAct, Inc. would not have a say in the choice of firm to conduct any such audit.

At this point in time, we are recommending the approval of the one-year extension with ProAct, Inc. based on the pricing model outlined in their revised proposal. In addition, we are recommending the authorization be granted to the Executive Director and/or the Chairperson of the Consortium to work out reasonable terms and conditions in a revised Agreement to be signed by the parties prior to January 1, 2021. Lastly, we are recommending the Consortium work to issue an RFP in the 1st or 2nd quarter of 2021 with the intent to put into place a multiple year contract with a PBM for the 2022, 2023, and 2024 Fiscal Years.

We offer the above for your consideration. As always, please do not hesitate to contact our office if you have any questions or if you require assistance of any kind.