



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."

Joint Committee on Plan Structure and Design

Agenda - August 4, 2022

1:30 p.m.

Tompkins County Health Department/Remote Zoom Meeting

Tompkins County Public Health Department (Rice Room) – 55 Brown Road, Ithaca, NY 14850

(See meeting invite or contact Consortium@tompkins-co.org for information to join meeting)

1. Welcome (1:30) Jim Bower
2. Changes to the Agenda
3. Approval of May 5, 2022 Minutes
4. Board of Directors/Executive Committee Chair's Report (1:35) Judy Drake
5. Benefit Specialist Update Kylie Rodrigues
 - a. Wellness Challenges
 - b. Newsletter/Facebook (to view Newsletter, click here: [June 2022 Consortium Connection Newsletter](#))
 - c. Flu Clinics
 - d. Walk to End Alzheimer's
 - e. Benefit Clerk Meetings
6. Executive Directors Report (2:00) Elin Dowd
 - a. Update
 - b. Budget 2023
 - c. Resolution Activity for Recommended Policy Changes
7. Plan Change Recommendations for 2022 (2:10) Steve Locey
 - a. Resolution Approval of Adjustments to the Silver Metal Level Plans
 - b. Resolution Amendment of Rounding Method for Standard Deviation of Actuarial Values
8. Committee Chair's Report (2:30) Jim Bower
 - a. Board and Committee Seats 2022 and 2023
9. Financial Update (2:45) Rob Spenard
10. Next Meeting Agenda Topics (2:55)
11. Adjournment (3:00)

Next meeting: November 3rd



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MINUTES – DRAFT

Greater Tompkins County Municipal Health Insurance Consortium Joint Committee on Plan Structure and Design May 5, 2022 – 1:30 p.m. Zoom Meeting

Present:

Municipal Representatives: 21 members

Judy Drake, Town of Ithaca and Board of Directors Chair; Jeff Walker, Village of Cayuga Heights; Betty Conger, Village of Groton, Ed Finkbeiner, Town of Hector, Eric Snow, Town of Virgil; Schelley Michell-Nunn, City of Ithaca; David Corey, Town of Montezuma; Laura Granger, Seneca County; Michael Allinger, Town of Newfield; Bud Shattuck, Village of Union Springs; Luann King, Town of Cincinnatus; Ronny Hardaway, Village of Lansing; Amanda Anderson, Town of Dryden; Town of Lansing; Olivia Howarth, Town of Lansing; Sarah Thomas, Tompkins County; Carissa Parlato, Town of Ulysses; Alex Patterson, Town of Aurelius (arrived at 2:34 p.m.); Stephanie Redmond (arrived at 2:11 p.m.); Mike Murphy, Village of Dryden (arrived at 2:21 p.m.) Ed Fairbrother, Town of Big Flats; Laura Shawley, Town of Danby (arrived at 1:37 p.m.)

Municipal Representatives via Proxy: 4 members

Lisa DeVona, Village of Fayetteville (Proxy – Judy Drake); Tom Brown, Town of Truxton (Proxy – Eric Snow); Ed Wagner, Town of Owasco (Proxy – Judy Drake); Lou Anne Randall, Town of Cuyler (Proxy – Judy Drake)

Union Representatives: 10 members

James Bower, Bolton Point; Jon Munson, Town of Ithaca Teamsters; Melissa Schmidt, TC3 Faculty Association (arrived at 2:00 p.m.); Jeanne Grace, City of Ithaca Executive Unit; Ian Tompkins, City of Ithaca DPW Unit; Zack Nelson, City of Ithaca Admin. Unit; Kate DeVoe, TCPL Professional Unit; Elizabeth Hujar, TCPL Staff Unit; Jonathan Walz-Koeppel, TC3 Professional Admin. Assoc. Unit; Nate Bates, Tompkins County Blue Collar (excused at 2:47 p.m.)

Others in attendance:

Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Michelle Cocco, Clerk of the Board; Kylie Rodrigues, Benefits Specialist; Rob Spenard, Locey & Cahill; Leslie Moskowitz, City of Ithaca; Sunday Earle, TC3; Mary Ellen Albright, Village of Groton (replacing Betty Conger); Kelli Lasher, Brandon Holt, Jen Delia, Dr. Chaitanya Chandravanka, Jason Warchal; Excellus; David Mastrangelo, Morgan Randazzo, and Deb Dempsey, ProAct

Call to Order

Mr. Bower, Chair, called the meeting to order at 1:33 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of February 3, 2022

It was MOVED by Ms. Conger, seconded by Ms. Drake, and unanimously adopted by voice vote by members present, to approve the minutes of February 3, 2022 as submitted. MINUTES APPROVED.

Board of Directors Chair Report

Ms. Drake reported the Executive Committee continues to work on long-term planning for the Consortium and also reviewed financial information at its last meeting.

Executive Director Report

Ms. Dowd thanked representatives from ProAct and Excellus for attending this meeting to present the annual utilization reports. She said the end of 2021 financial process is concluding and the annual audit was approved at last week's Audit and Finance Committee. An annual report will soon be finalized and circulated. She spoke of additional work that has been done on wellness initiatives and reminded members to visit the Consortium's Facebook page "GTC Municipal Health Insurance Consortium". The page will have pieces of information posted from the Advanced Care Planning event that took place last week that was well-attended.

Ms. Dowd said a Benefit Clerk meeting was held last week to discuss benefits administration and items that will be coming up during the next open enrollment period. She said an audit of dependents is currently underway and explained the purpose is to ensure that everyone covered under the Plan is entitled to coverage and that human resources departments have been notified of any changes. An example of situations that can be identified is when there is a divorce and a spouse is no longer eligible for coverage or when a dependent has reached the maximum age for coverage.

Ms. Dowd said the Consortium is working on how to move forward and comply with Open Meetings Law after the June 8th deadline. She recognized members as volunteers and said she hopes to be able to offer both an in-person and remote option for members to participate.

Committee Chair's Report

Mr. Bower thanked Stephanie Engster for her work to increase CSEA involvement and to fill vacant seats on the Committee. He also recognized and thanked Ms. Conger for her contributions to the Committee.

Mr. Bower reported Ms. Rodrigues held a remote session recently and provided the City of Ithaca's professional staff, which is currently in negotiations, with helpful plan information and comparisons.

Mr. Bower reminded labor representatives that there continues to be vacancies on the Board of Directors for labor and encouraged anyone interested in serving to contact Ms. Dowd.

Approval of Amended Bylaws

It was MOVED by Mr. Bower, seconded by Mr. Hardaway, and unanimously adopted by voice vote by members present, to approve the amended Bylaws as follows:

Bylaws
Joint Committee on Plan Structure and Design
Adopted May 5, 2022

1. The Joint Committee on Plan Structure and Design (“Joint Committee”) will consist of one representative from each bargaining unit with enrollees covered by the Consortium plans and one representative from each of the participating municipalities as outlined in the Consortium’s Municipal Cooperative Agreement.
2. The purpose of the Joint Committee will be to review all prospective Board of Directors actions in connection with the benefit structure and design of the plans offered by the Consortium in order to develop findings and shall make recommendations to the Executive Committee and the Board of Directors with regard to such actions.
3. The Joint Committee has the authority to: be involved in reviewing benefits; investigate creative program designs for optimal use of resources; receive (quarterly) reports regarding use of benefits, UCR (Usual, Customary, and Reasonable) changes, and potential cost increases; compare benefits and costs about any carrier change; gather information about benefits, service levels, and related program costs.
4. The Joint Committee’s findings and recommendations with respect to benefit structure and design issues are presented to the Consortium’s Board of Directors or Executive Committee through the Committee Chair who is a Director.
5. All Joint Committee actions shall be by a majority vote of a quorum which is defined as a total of 25 members that must include a minimum of six Labor Directors. This requirement shall be reviewed annually.
6. Although physical or remote attendance is strongly encouraged, members who are unable to attend are able to designate a proxy by email to the Consortium’s Staff prior to the meeting. The designated proxy must meet the eligibility as outlined in Section K.1 of the Municipal Cooperative Agreement. The proxy designation must include: 1) the date of the meeting they will not be attending, 2) the individual to whom they are designating as the proxy, and 3) If the person is not currently a member of the Committee, identify the labor group or municipality for which the individual would be eligible for Committee membership.
7. Each January the Joint Committee Chairperson will be elected by a majority of a duly convened quorum of the Joint Committee who must be a union representative on the Joint Committee. The Vice-Chairperson of the Committee will also be elected by the Joint Committee and must be a representative from one of the participating municipalities
8. The Joint Committee Chairperson will serve as a voting Director on the Consortium Board of Directors representing Labor. The Union Members on the Joint Committee on Plan Structure and Design shall select from among the Union Members an individual to serve as an additional at-large voting Labor Member on the Board of Directors of the Consortium. If the number of municipal members on the Consortium rises to seventeen (17), the union members of the Joint Committee on Plan Structure and Design shall select from among the Union Members an additional at-large voting Labor Member on the Board of Directors of the Consortium. The at-large voting Labor Member(s) along with the Joint Committee Chair shall collectively be the “Labor Representatives.” If the number of municipal members on the Consortium rises to twenty-three (23), the Union Members may select from among their members a third

- At-Large Labor Representative to serve as a Director. Thereafter, for every increase of five (5) additional municipal members added to the Consortium Union Members may select from among their members one (1) At-large Labor Representative to serve as Director with a maximum of ten (10) Labor Representatives.
9. If any point in the year, the Joint Committee Chairperson or Vice-Chairperson, or the at-large voting Labor Member to the Board of Directors resigns, retires or is otherwise are not eligible to continue, elections will be held at the next Joint Committee meeting to fill the vacant position.
 10. Bargaining unit representatives will be the president of each bargaining unit or that persons' designee from the unit. Management representatives will be appointed by the respective elected leader of each participating municipality. (The term of appointments will vary according to the pleasure of the appointing authority).
 11. The Joint Committee meetings will be scheduled at dates, times and location agreed upon by consensus for future meetings. The meeting agenda will be made available 1 week prior to each meeting. There should be a good faith effort by management and labor for all to attend and participate. The Consortium supports good faith efforts on the part of management and labor to provide necessary resources and support to meaningful engagement at the Joint Committee meetings in the spirit of strengthening the bargaining relationship between management and labor.
 12. The Consortium's Staff will be responsible for distributing agendas and handouts, scheduling meetings, taking notes, creating draft minutes and posting materials on the GTCMHIC website. The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Joint Committee in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Joint Committee may adopt.

* * * * *

Excellus Utilization Report

Ms. Dowd introduced representatives of Excellus to present the Consortium's 2021 annual utilization report. The following are highlights presented from that report:

- Inpatient and outpatient management program resulted in savings over \$253,000.
- Pre and post payment recoveries led to over \$1 million in savings.
- Provider discounts were 50% ensuring over \$44 million in network savings.
- The plan cost per contract per year in the current period had a 16% increase and is 14% higher than the union comparison population.
- The number of high cost claimants over \$100,000 slightly increased from 32 in 2020 to 35 claimants in 2021. These 35 claimants accounted for 22% of Plan costs and over \$8 million in claims.
- Depression and anxiety was the top prevalent condition in 2021, representing 27% of the population and \$1.3 million in total costs.

Ms. Delia presented enrollment and plan cost and area of care information and how the Consortium's results compared to Excellus' comparison population. She also reported on impacts of high cost claimants.

Ms. Schmidt arrived at this time.

Ms. Earle asked if Excellus had compared 2021 numbers to 2019 since 2020 was a unique year. Ms. Delia said she had compared some numbers but overall numbers for 2021 look similar to 2019. However, there were some high cost claimants that brought costs up higher than 2019. Ms. Delia said the decline in prescription costs appears to be due to more generic and medications that had a higher cost than in 2019, such as diabetic medications.

Ms. Redmond arrived at this time.

Dr. Chandravanka reviewed high cost claims and spoke of work Excellus does to support members and identify any gaps in care.

Ms. Dowd explained the purpose of having the Committee review these reports is to help an employee as well as the Consortium in managing care, and to identify where time can be spent to promote things like preventive care.

Mr. Warshall reviewed gaps in care for both preventive services and condition management and noted 83% of the Consortium's members are affiliated with a Primary Care Provider (PCP). There were 240 members (23%) identified who were not affiliated with a PCP and had no services; 357 (32%) were not affiliated with a PCP and utilized Urgent Care or Emergency Room services. Mr. Holt reviewed the most prevalent chronic conditions, noting the most prevalent was Depression and Anxiety, followed by Hypertension, Cholesterol Disorders, and Diabetes. He spoke of programs available through Well Frame and said there are still opportunities to promote this to municipalities and encourage members to register and use the program.

Mr. Holt reviewed provider network statistics and noted there was only 3.2% plan cost attributed to non-participating provider utilization. Ms. Dowd said when municipalities are exploring other plan options a question frequently comes up relating to out-of-network costs. She said one of the reasons the Consortium partners with Excellus is due to its large and robust provider network; the 3.2% represents utilization by all employees and retirees. Lastly, Ms. Delia presented statistics related to Covid-19.

The following was a summary of recommendations looking forward:

Condition Management

Stress the importance of managing chronic conditions through routine screenings/visits and Excellus resources. A focus on managing chronic conditions such as depression and anxiety, diabetes, heart disease and hypertension, can lead to an improved lifestyle and a healthier workforce.

- Take advantage of the available resources to help manage these conditions: Wellframe Application, Diabetes Management Program, MD Live.

Wellbeing

Continue to partner with the Excellus Wellbeing team on promoting a healthy lifestyle and encourage the use of resources to stay engaged in managing member health.

Plan Design Opportunity

Member cost share remains low. Keep up efforts of educating member groups on moving to the available Metal Level Plans. Increasing member cost share can help reduce costs to the Plan.

Mr. Patterson arrived at this time.

Pharmacy

Consider Excellus for pharmacy benefit management. There is great value financially, clinically, and administratively, to integrating the Consortium's medical and pharmacy benefits.

- Both the Consortium and its members will benefit from Excellus' synchronized approached and innovative programs.

Mr. Bates was excused at this time.

ProAct Utilization Report

Mr. Randazzo presented a review of the Consortium's plan performance and plan costs for 2021. She reported the increase in the number of prescription drugs was 4% and the breakdown of plan costs for prescription drugs was: Specialty – 48.79%, Retail – 41.33%, and Mail Order – 9.89%. She said the total prescription spend increased by 15% which was due to the increase in Specialty medication utilization and the increase in total claims.

Ms. Randazzo reviewed information showing top drug classes broken down by number of utilizing members, prescription count, member paid, and plan paid amounts, in comparison to 2020. The top drug classes by the amount the plan paid were for diabetes, skin conditions, inflammatory conditions, cancer, asthma, and hypertension. The total Specialty drug prescription count was 1,275 and the total paid by the Plan for Specialty drugs was \$7,889,947.

In response to Ms. Earle, Mr. Mastrangelo said there are four classes of drugs: Tier 1 – Generic; Tier 2 – Preferred; Tier 3 – Non-Preferred; and Tier 4 – Specialty.

Ms. Randazzo concluded her presentation with mention of the Clinical Optimization Program and said approximately 400 targeted medications in a variety of drug classes have been identified that have equivalent lower-cost alternatives available.

Ms. Dowd said there has been pushback on the Consortium from putting in programs to help manage the cost of prescription drug claims, and this is mostly due to groups being involved in collective bargaining. She suggested the Clinical Optimization Program may be something this Committee would want to better understand and discuss whether it should be considered by the Consortium as it does drive down costs.

Ms. Earle said members who have switched from the Classic Blue or PPO Plan have a lower copay than those who have the Platinum Plan and particularly for Tier 3 drugs. She said a suggestion was made to her by a TC3 employee to have the tier costs on the insurance card as a reminder to subscribers and members.

Mr. Shattuck said he is a long-time diabetic and said his insulin was switched last year and how care is managed for Novolog versus Humalog is different. Ms. Dempsey explained that although two medications can be considered therapeutically equivalent there are some people who react differently to medications. Novolog is still covered; however, it is at a different copay than the Humalog. She will send information to Ms. Rodrigues to share with Mr. Shattuck on a manufacturer assistance card that is available.

A question was raised by Ms. Michell Nunn relating to mail order costs and an experience she had where mail order was more costly than retail. Information will be shared with ProAct and they will look into this to ensure prescriptions are being processed correctly.

Financial Update

Mr. Spenard reported on financial results through March 31st and said premium income is slightly below budget; however, a prescription drug rebate should be received in June. With regard to expenses, medical and prescription drug claims are below budget. He said new member claims are starting to mature; these will be watched and anything concerning will be reported to the Committee.

Wellness

Ms. Rodrigues reported there was a very large increase in participants in the Blue4You clinics due to members moving to the Platinum Plan and incentives by the City of Ithaca and Tompkins County. She reported on an upcoming Hiking Challenge and encouraged members to get employees to participate. She spoke of the Consortium participating in upcoming community events and asked for feedback on the Consortium having a team participate in the September 10 Alzheimer's Association Walk. There was consensus in moving forward and promoting this.

Next Agenda Topics

At the next meeting in May the Committee will review the Actuarial Value Calculator for 2022.

Adjournment

The meeting adjourned at 3:30 p.m.

Staying Connected Challenge



All activities and submissions will be eligible for a prize. Each answered questions earns you an entry to win.

1 Visit our website: www.healthconsortium.net and tell us which of the top five tabs contains Wellness.

2 What is the ProAct website? (hint* check your insurance card.)

3 Log in or create an online Excellus account via online or the mobile app. www.excellusbcbs.com, Check the box once completed.

4 Register for an [MDLive Account](#). Check the box once completed.

5 Like our Facebook Page: [GTC Municipal Health Insurance Consortium](#). Check the box once completed.

6 Sign up to receive our digital, quarterly newsletter by going [here](#) (www.healthconsortium.net then Consortium Newsletter tab) Check the box once completed.

Prizes include: \$50 Wegman's gift card, \$50 Target gift card, or \$50 Rasa Spa gift card

Enter Full Name and Municipality below.

Submit the completed form to hcwellness@tompkins-co.org by September 1st to entered into the prize drawing.

Join the Walk to end Alzheimer's

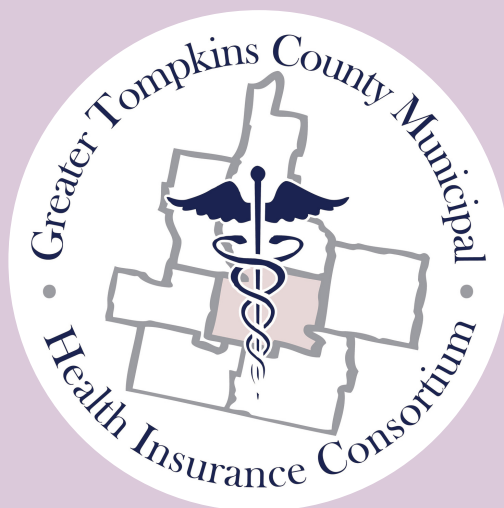
Join our Team or Donate
by visiting www.act.alz.org

Team Name:

Consortium Connection



Each municipality has their own "division" to promote a healthy competition for a good cause. Let's see who can have the most participants!



SEPT 10TH: 10:00 AM

**THE WALK TO END ALZ
KENDALL OF ITHACA
2230 NORTH TRIPHAMMER
RD, ITHACA, NY 14850**



You only need to attend one session!



You will be emailed an invitation to both classes in August but both sessions will cover the same information. We are attempting to meet the needs of morning or afternoon times to better fit your schedules.

SAVE THE DATE

09.27.2022

OR

10.06.2022

BENEFIT CLERK OPEN

ENROLLMENT TRAINING

Executive Director Report July 2022

The Consortium staff has been busy working with potential new municipal members helping do plan comparisons and advising on the application process. We anticipate four or five new applicants to be reviewed for 2023 membership and more for 2024. In addition to meeting with new applicants, Kylie Rodrigues and Elin Dowd have been out visiting current members to help grow and strengthen all our relationships.

We have been notified that the New York State Department of Financial Services is planning an audit of the Consortium to include years 2016 through 2020. The audit will begin 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. The State charges by the hour, which will adversely affect our budget. We anticipate the audit will run for several months and cost us upwards of \$300K.

In preparation for decisions related to offering a fully insured Medicare Advantage Plan, a request for proposal/quote has been posted on BidNet. Locey & Cahill will be very involved in reviewing the information related to this request and advising the Consortium on the best way to proceed.

Executive Committee

The Executive Committee continues to address issues related to advancing our mission through long-term business planning meetings. There has been a lot of discussion on the possibility of offering a fully insured Medicare Advantage Plan to our municipal members. Conversations regarding offering such a plan and the ramifications to the Consortium will continue throughout the next few months.

Audit and Finance Committee

The first draft of the 2023 budget was reviewed at the July meeting. Ongoing discussions will continue to look at the premium adjustment needed to support our claims, fund our reserves, and meet other obligations. The following information is being reviewed to determine funding levels necessary for 2023.

Medical and Rx Claims Trending – Review of high-cost claims and post covid claims trending.

Audit Fees (Financial) - \$150,000 DFS Audit (2023 + \$100K 2024) – Recommendation based on fees billed to other Article 47 organizations within the last year.

Consultant Fees (TBD) - \$25,000 to use for “potential” Consultants, if needed with Long Term Planning or other projects.

Salaries – Include wages based on a new salary schedule reviewed with Operations Committee at the recommendation of our Human Resources Manager. Salaries will be combined as one line item going forward.

Fringes – Currently at 40% of Salaries

Marketing Expenses – This has been decreased from \$8,000 to \$2,500, primarily for printing brochures and other informational material including merchandise with Consortium logos.

Wellness Program Costs – This has been decreased from \$25,000 to \$12,500 which includes the cost to implement the monthly wellness updates and wellness subscriber challenges.

Investment Management Services – This has increased from \$12,400 to \$25,000, due to the market changes and potential earnings.

Lease Expense – Discussion to follow regarding the possibility of the Consortium renting some new space for its headquarters at current market price of \$24.00 per square foot.

Mileage Expense – Increase from \$1,000 to \$2,500

Furniture & Fixtures – Increased from \$2,000 to \$25,000 for desks etc. if the Consortium moves to a new site or for improvements at current location.

Training/Prof Dec – Increased from \$2,000 to \$5,000 with the possibility to attend a national benefit association conference.

Executive Director Report
July 2022

Last week, the Federal Reserve raised rates again by 75 basis points to a range of 2.25% - 2.50%, in line with expectations, and anticipates further increases moving forward. Working with Wilmington Trust, we have been able to garner better returns on the reinvestment of recent maturities.

We have just learned that our Treasurer, Rick Snyder, will retire in November.

Operations Committee

A salary structure has been proposed by our HR Manager to avoid any ambiguity around salary administration and job classification going forward. A resolution was passed and will be reviewed at the Executive Committee level in August.

The Consortium Connection Newsletter is going paperless in 2023 and we have heard from 4 subscribers who have requested to receive the newsletter in paper format due to no internet or email access. However, several subscribers have already signed up to receive the newsletter electronically in 2023.

Work has begun to review the 2023 MCA to make sure the addition of two new counties is considered in our coverage area. The MCA is also being reviewed to see how staff may take on some of the responsibilities of the areas that will be vacated by the Treasurers resignation later this year. Changes will come before the Board in August for action in September.

Nominations and Engagement Committee

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

Anyone interested in serving on a committee should let either Ed Fairbrother or Elin Dowd know before August 8th.

Claims and Appeals Committee

An RFP will commence in early August to review all options available to us towards securing a firm to continue auditing our third-party claims administrators.

The Joint Committee on Plan Structure and Design

I just received news that our current Chair of the Joint Committee on Plan Structure and Design plans on taking a leave from this position at the end of the year. James Bower has been very instrumental in garnering labor representation in committees and at the Board level and we will miss his involvement going forward.

In August, the Committee will review necessary changes to health plans required to remain in compliance with Affordable Care Act actuarial value calculations. This year the Silver Plan will have to make some adjustments to remain compliant with government regulations and our practices.

Don't forget to support our Wellness initiatives by signing up as a participant in the Walk to End Alzheimer's on September 10th. See Kylie Rodrigues for more information at krdrigues@tompkins-co.org.

The June 2022 Newsletter can be found here Consortium Connection June 2022 We are going paperless in 2023, subscribe on our website today to continue to receive the newsletter electronically.

Respectfully submitted by Elin R. Dowd, Executive Director, July 31, 2022.

Greater Tompkins County Municipal Health Insurance Consortium

2016 -2023 Standard Metal Level Plans AV, Benefit, and Premium Summary

Benefit Description		Platinum Plan							
		2016	2017	2018	2019	2020	2021	2022	2023
Actuarial Value		92.60%	91.13%	91.44%	91.66%	92.36%	90.84%	89.79%	91.39%
In-Network Deductible	Individual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductible Aggregation		Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual
Out-of-Network Deductible	Individual	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00
	Family	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
Out-of-Pocket Maximum Aggregation		Individual	Individual	Individual	Individual	Individual	Individual	Individual	Individual
In-Network Out-of-Pocket Maximum <i>Includes Rx Copayments</i>	Individual	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
	Family	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00
Out-of-Network Out-of-Pocket Maximum	Individual	\$2,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
	Family	\$6,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00	\$12,000.00
Primary Care Physician Copay		\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
Specialist Copay		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Chiropractor Copay		\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Diagnostic Lab Copay		\$0.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
In-Network Coinsurance		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Out-of-Network Coinsurance		20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%	20.00%
Pharmacy Copayments Retail (30 Day Supply) <i>Subject to Deductible for all plans except the Platinum Plan</i>	Tier 1	\$10.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
	Tier 2	\$30.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
	Tier 3	\$50.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00	\$70.00
High Deductible Health Plan		No	No	No	No	No	No	No	No
Health Savings Account Eligible.		No	No	No	No	No	No	No	No
Premium Rates	Individual	\$556.97	\$576.63	\$599.70	\$629.68	\$661.16	\$694.22	\$728.93	
	Family	\$1,448.13	\$1,499.25	\$1,559.22	\$1,637.18	\$1,719.04	\$1,804.99	\$1,895.24	
	% Change	n/a	3.53%	4.00%	5.00%	5.00%	5.00%	5.00%	



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

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

MOVED by _____, seconded by _____, and _____ by voice vote by members present.

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 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		\$3,750/\$7,500	
Out-of-Pocket Single/Family	\$6,000/\$12,000		\$9,000/\$18,000	
Actuarial Value	72.91%		72.91%	

. STATE OF NEW YORK)
) ss:
 COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors on September 22, 2022.



Greater Tompkins County Municipal Health Insurance Consortium

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

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

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

MOVED by _____, seconded by _____, and _____
by voice vote by members present.

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%)

. STATE OF NEW YORK)
) ss:
COUNTY OF TOMPKINS)

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors on September 22, 2022.

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,000.00
Coinsurance (% , Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 64.17%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.2344 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		80.00%
		\$3,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.86%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2023 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Platinum

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$2,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 91.39%
 Metal Tier: Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:
 Calculation Time: 0.0664 seconds
Final 2023 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,600.00
		70.00%
		\$6,500.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 72.05%
 Metal Tier:

Additional Notes:

Calculation Time: 0.082 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$2,750.00
		Coinsurance (% Insurer's Cost Share) 70.00%
		MOOP (\$) \$6,000.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 72.25%
 Metal Tier:

Additional Notes:

Calculation Time: 0.1016 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$2,750.00
		Coinsurance (% Insurer's Cost Share) 70.00%
		MOOP (\$) \$7,000.00
		MOOP if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.12%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0977 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		70.00%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Plan Description:

Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.64%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0977 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,500.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$6,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$29.62	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:
Name: [Input Plan Name]
Plan HIOS ID: [Input Plan HIOS ID]
Issuer HIOS ID: [Input Issuer HIOS ID]
AVC Version: 2023_1e

Output

Status/Error Messages: Error: Result is outside of [-2, +2] percent de minimis variation.
 Actuarial Value: 72.91%
 Metal Tier:

Additional Notes:

Calculation Time: 0.082 seconds
Final 2023 AV Calculator



Greater Tompkins County Municipal Health Insurance Consortium

P.O. Box 7 • Ithaca, New York 14851 • (607) 274-5590
Headquarters: 215 N. Tioga Street, Ithaca, NY 14850
www.healthconsortium.net • consortium@tompkins-co.org

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

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

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

RESOLVED, upon recommendation of the Consortium's Nominations and Engagement Committee, That the Executive Committee, on behalf of the Board of Directors, hereby appoints 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) | 7. Operations Chair (Holmes) |
| 2. Board Vice Chair, Vice Chair (Holmes) | 8. Nominations and Engagement Chair (Fairbrother) |
| 3. Chief Fiscal Officer (Thayer) | 9. Claims and Appeals Chair (Shattuck) |
| 4. Secretary (Salton) | 10. At-large (Snow) |
| 5. JCPSD Chair (Bower) | 11. At-large (Mutchler) |
| 6. AFC Chair/At-large (Ray Bunce) | 12. Past Chair (Drake) |

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. City of Cortland
7. Eric Snow
8. Bud Shattuck
9. Peter Salton

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

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 Granger

Schelley Michell-Nunn

Janine Bond (addt'l seat)

Judy Drake, Vice Chair

Rita McCarthy

Terms Expiring 12/31/23

Ed Fairbrother

Labor

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/year.

Terms expire 12/31/23

1. Ed Fairbrother, Chair

2. VACANT

3. Jim Bower, 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 audits.

RESOLUTION NO. 014 - 2021 – CREATION OF 2022 COMMITTEE STRUCTURE AND APPOINTMENTS OF MEMBERS

Claims and Appeals Committee (Continued)

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

4. Don Fischer, Vice Chair
5. Tanya DiGennaro

* * * * *

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.

* * * * *



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

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



Section 1

2022 Fiscal Year-to-Date Budget vs Actual Results

2022 Income Budget vs Actual (06/30/2022)

Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC)

2022 Budget Performance Analysis

Results as of: 6/30/2022

of Months: 6

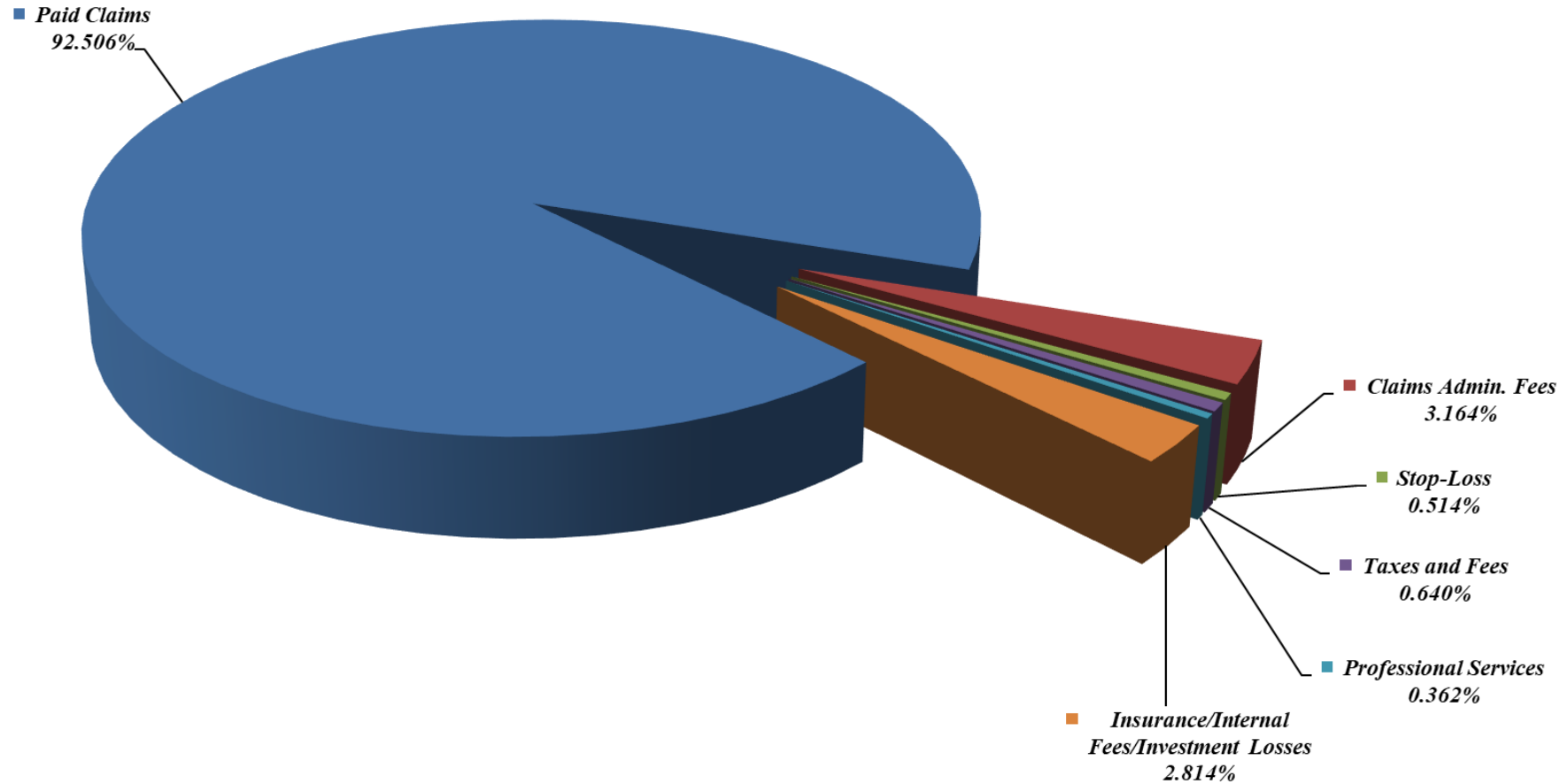
		2022 Adopted Budget	2022 Amended Budget	2022 Year-to-Date	2022 Actual Results	Variance	% Difference
Income							
	Medical and Rx Plan Premiums *	\$57,752,443.75	\$55,937,315.28	\$27,968,657.64	\$27,479,853.32	-\$488,804.32	-1.75%
9005	Gain on Investments	\$0.00	\$0.00	\$0.00	\$86,198.14	\$86,198.14	
9020	Interest	\$45,660.35	\$45,660.35	\$22,830.18	\$18,568.26	-\$4,261.92	-18.67%
9010	Rx Rebates	\$3,000,000.00	\$3,000,000.00	\$1,000,000.00	\$881,090.42	-\$118,909.58	-11.89%
9040	Stop-Loss Claim Reimbursements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
9035	Finance Charge Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
9030	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
Total Income		\$60,798,104.10	\$58,982,975.63	\$28,991,487.82	\$28,465,710.14	-\$525,777.68	-1.81%

2022 Expense Budget vs Actual Results (06/30/2022)

	Budget	Revised Budget	Year-to-Date	Actual		
Paid Claims	\$57,505,859.98	\$57,537,419.99	\$28,735,760.00	\$26,739,671.48	-\$1,996,088.52	-6.95%
Claims Admin. Fees	\$1,728,582.03	\$1,729,249.74	\$864,624.87	\$914,529.20	\$49,904.33	5.77%
Stop-Loss	\$313,950.00	\$723,382.00	\$361,691.00	\$148,483.84	-\$213,207.16	-58.95%
Taxes and Fees	\$410,869.27	\$337,946.56	\$178,416.49	\$185,006.08	\$6,589.60	3.69%
Professional Services	\$268,365.00	\$248,365.00	\$130,362.50	\$104,765.00	-\$25,597.50	-19.64%
Insurance/Internal Fees/Investment Losses	\$564,385.00	\$567,360.00	\$281,180.00	\$813,275.75	\$532,095.75	189.24%
Total Expenses	\$60,792,011.28	\$61,143,723.29	\$30,552,034.85	\$28,905,731.35	-\$1,646,303.50	-5.39%
Net Income	\$6,092.82	-\$2,160,747.66	-\$1,560,547.04	-\$440,021.21	\$1,120,525.83	

Greater Tompkins County Municipal Health Ins. Consortium

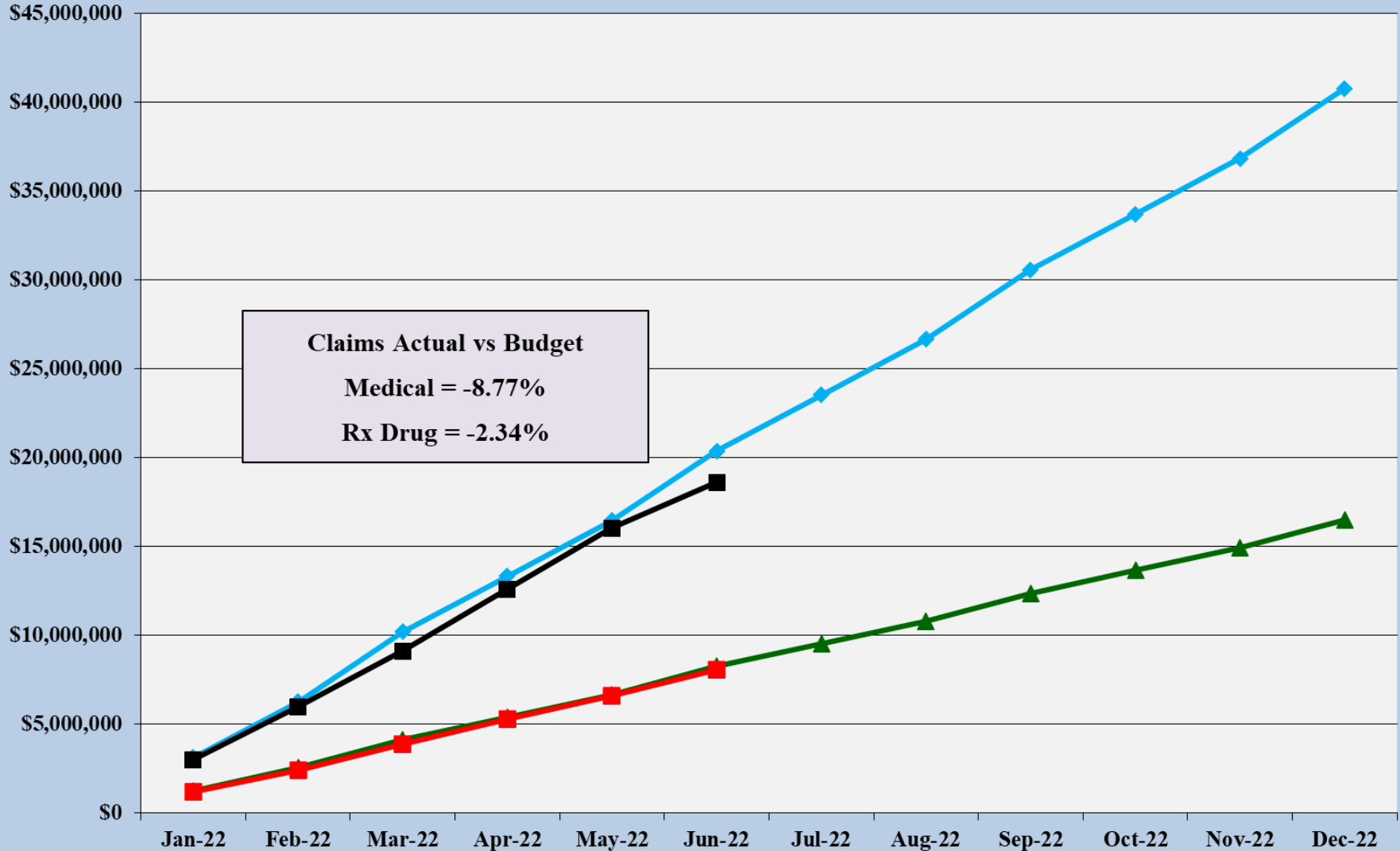
2022 Expense Distribution
January 1, 2022 to June 30, 2022



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

Greater Tompkins County Municipal Health Insurance Consortium

2022 Cumulative Paid Claims and Budgeted Claims by Month

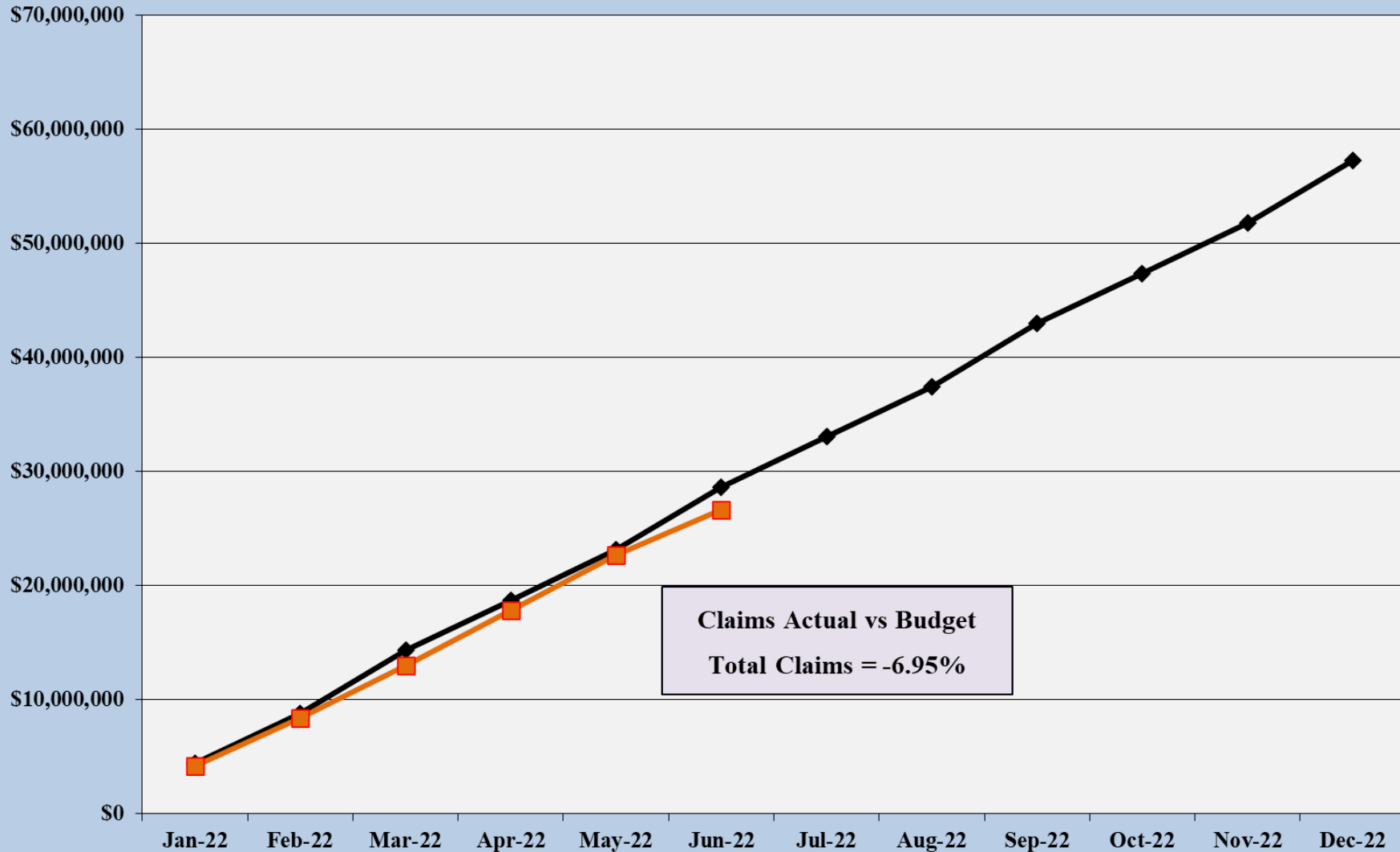


Claims Actual vs Budget
Medical = -8.77%
Rx Drug = -2.34%

Medical Plan Budgeted Claims Medical Plan Actual Paid Claims Rx Plan Budgeted Claims Rx Paid Claims

Greater Tompkins County Municipal Health Insurance Consortium

2022 Cumulative Paid Claims and Budgeted Claims by Month

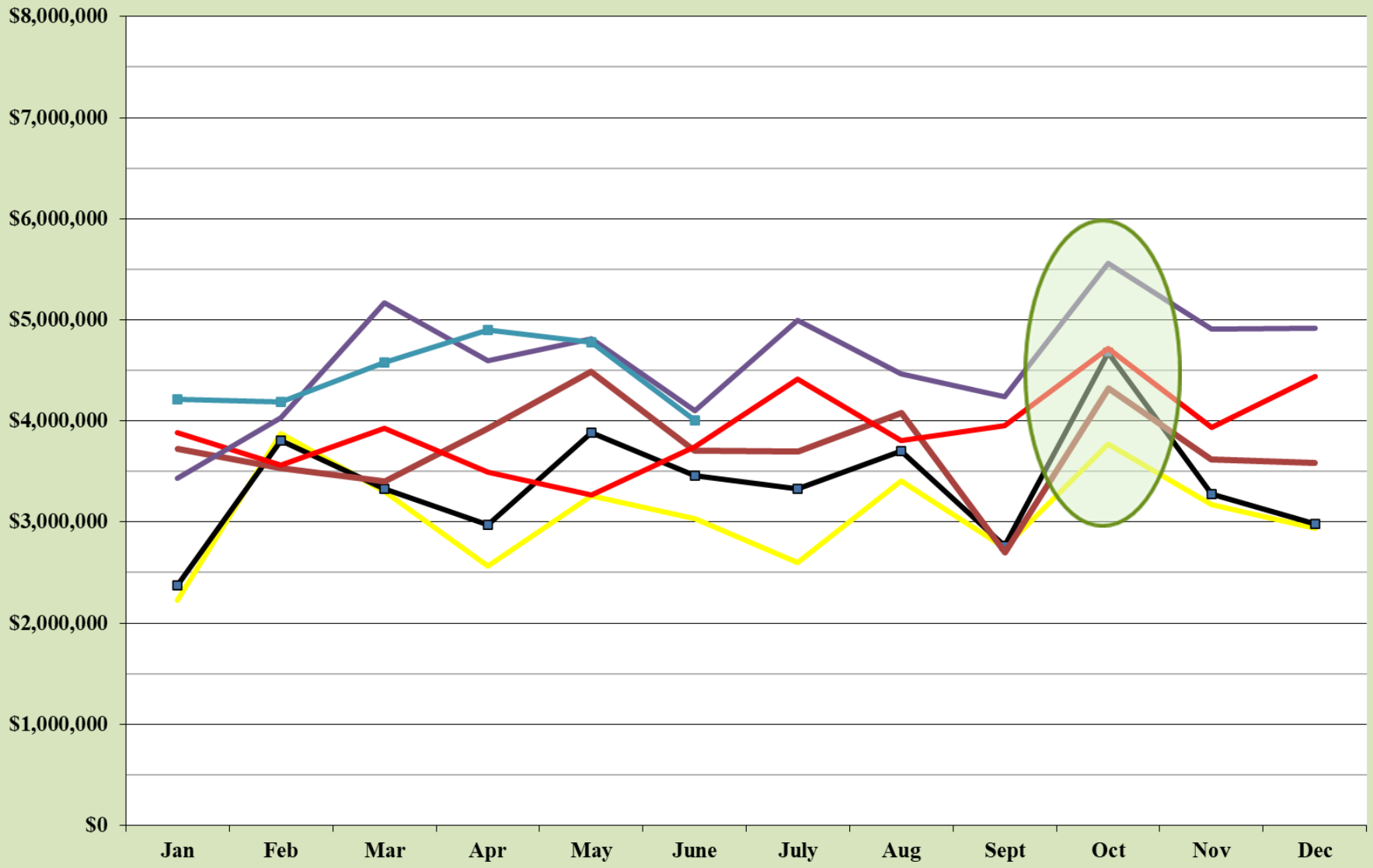


Claims Actual vs Budget
Total Claims = -6.95%

◆ Budgeted Claims ■ Actual Paid Claims

Greater Tompkins County Municipal Health Ins Consortium

2017-2022 Monthly Paid Claims by Fiscal Year



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

Greater Tompkins County Municipal Health Ins Consortium

2011-2022 Monthly Paid Claims v Budgeted Claims

January 1, 2011 to June 30, 2022

