



**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. 016-2017 - ADOPTION OF 2018 BUDGET**

MOVED by Mr. Thayer, seconded by Mr. Shattuck, and unanimously adopted by voice vote by members present.

WHEREAS, the proposed 2018 budget was presented by the Consultant and was unanimously recommended by the Audit and Finance Committee at the September 28, 2017 meeting for submission to the Board for its review, and

WHEREAS, notable items included in the proposed budget are the following:

- Premium increase of 4% over 2017 rates, except for metal level plans which will experience reductions in actuarial value;
- Maintain the Surplus Account at 5% of the annual premium of the Consortium in compliance with §4706(a)(5) of the New York State Insurance Law.
- Maintain the Claims/Rate Stabilization Reserve in an amount equal to 5% of expected paid claims; and
- Catastrophic Claims Reserve will be increased by \$300,000 to \$1,350,000

now therefore be it

RESOLVED, on recommendation of the Audit and Finance Committee, That the attached 2018 budget and premium equivalent rates for the Greater Tompkins County Municipal Health Insurance Consortium is hereby approved.

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

I hereby certify that the foregoing is a true and correct transcript of a motion adopted by the Greater Tompkins County Municipal Health Insurance Consortium on September 28, 2017.

  
Michelle Pottorff, Administrative Clerk

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2017 and 2018 Fiscal Year Medical Plan Premium Equivalent Rates**

Family Rate Ratio =	2.6
Premium % Increase =	4.00%

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																				
Plan Code	Coop. Health Ins. Fund of CNY Standard Platinum Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2017 Premium Rates		2018 Premium Rates			
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Pocket Maximum		Individual	Family	Individual	Family		
ACA-P		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	\$2,000.00	\$6,000.00	\$576.63	\$1,499.25	\$599.70	\$1,559.22
		\$15 PCP / \$25 Spec.	\$250 Copay Per Stay	\$150 Copay	Not Applicable	Not Applicable	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00								
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined							
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network Out-of-Pocket Max							
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family						
		20% after Deductible	20% after Deductible	\$150 Copay	\$500.00	\$1,500.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered								

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																				
Plan Code	Coop. Health Ins. Fund of CNY Standard Gold Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2017 Premium Rates		2018 Premium Rates			
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family		
ACA-G		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	\$502.39	\$1,306.21	\$521.18	\$1,355.06		
		20% after Deductible	20% after Deductible	\$150 Copay	\$1,350.00	\$2,700.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$3,000.00	\$6,000.00						
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined							
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network Out-of-Pocket Max							
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family						
		40% after Deductible	40% after Deductible	\$150 Copay	\$2,700.00	\$5,400.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$6,000.00	\$12,000.00						

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																				
Plan Code	Coop. Health Ins. Fund of CNY Standard Silver Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2017 Premium Rates		2018 Premium Rates			
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family		
ACA-G		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	\$400.96	\$1,042.48	\$417.00	\$1,084.18		
		20% after Deductible	20% after Deductible	\$350 Copay	\$1,800.00	\$3,600.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,000.00	\$12,000.00						
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined							
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network Out-of-Pocket Max							
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family						
		40% after Deductible	40% after Deductible	\$350 Copay	\$3,600.00	\$7,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$12,000.00	\$24,000.00						

ACA Metal Level Plans (Premium Equivalent Rate Includes Rx Plan)																				
Plan Code	Coop. Health Ins. Fund of CNY Standard Bronze Plan	In-Network Medical Plan Benefit Parameters					In-Network Retail Pharmacy			In-Network Mail-Order Pharmacy			Medical and Rx Combined		2017 Premium Rates		2018 Premium Rates			
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network Out-of-Pocket Max		Individual	Family	Individual	Family		
ACA-G		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family	\$319.23	\$829.99	\$332.00	\$863.19		
		0% after Deductible	0% after Deductible	0% after Deductible	\$6,550.00	\$13,100.00	\$5.00	\$35.00	\$70.00	\$10.00	\$70.00	\$140.00	\$6,550.00	\$13,100.00						
		Out-of-Network Medical Plan Benefit Parameters					Out-of-Network Retail Pharmacy			Out-of-Network Mail-Order Pharmacy			Medical and Rx Combined							
		Cost Sharing			Deductible		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Out-of-Network Out-of-Pocket Max							
		Office	Hospital	Emergency Room	Individual	Family	Generic	Preferred Brand	Non-Pref. Brand	Generic	Preferred Brand	Non-Pref. Brand	Individual	Family						
		0% after Deductible	0% after Deductible	0% after Deductible	\$13,100.00	\$26,200.00	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$13,100.00	\$26,200.00						

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2017 and 2018 Fiscal Year Base Medical and Rx Plan Premium Equivalent Rates**

Premium % Increase	4.00%
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<i>Medical Plan Rates</i>															
Plan Code	Medical Plan Benefit Description	In-Network Benefit Parameters					Out-of-Network Benefit Parameters					2017 Premium Rates		2018 Premium Rates	
		Co-Payment	Deductible		Out-of-Pocket Maximum		Co-Payment	Deductible		Out-of-Pocket Maximum		Individual	Family	Individual	Family
			Individual	Family	Individual	Family		Individual	Family	Individual	Family				
PP01	\$10.00 GTCMHIC PPO Plan	\$10.00	n/a	n/a	\$1,000.00	\$3,000.00	n/a	\$250.00	\$750.00	\$1,000.00	\$3,000.00	\$673.45	\$1,457.65	\$700.39	\$1,515.96
PP02	\$15.00 GTCMHIC PPO Plan	\$15.00	n/a	n/a	\$1,500.00	\$4,500.00	n/a	\$500.00	\$1,500.00	\$1,500.00	\$4,500.00	\$664.02	\$1,437.26	\$690.58	\$1,494.75
PP03	\$20.00 GTCMHIC PPO Plan	\$20.00	n/a	n/a	\$2,000.00	\$6,000.00	n/a	\$750.00	\$2,250.00	\$2,000.00	\$6,000.00	\$651.89	\$1,411.02	\$677.97	\$1,467.46
PP0T	\$10.00 GTCMHIC "Teamsters Look Alike" PPO Plan	\$10.00	n/a	n/a						\$1,000.00	\$3,000.00	\$696.35	\$1,509.26	\$724.20	\$1,569.63
MM1	GTCMHIC Indemnity Medical Plan 1 (\$50/ \$150 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	n/a	\$50.00	\$100.00	\$400.00	\$1,200.00	\$694.98	\$1,506.34	\$722.78	\$1,566.59
MM2	GTCMHIC Indemnity Medical Plan 2 (\$100 / \$200 Deductible and \$200/\$400 OOP Max.)	n/a	\$100.00	\$200.00	\$200.00	\$400.00	n/a	\$100.00	\$200.00	\$200.00	\$400.00	\$687.09	\$1,489.23	\$714.57	\$1,548.80
MM3	GTCMHIC Indemnity Medical Plan 3 (\$100 / \$200 Deductible and \$750/\$2,250 OOP Max.)	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	n/a	\$100.00	\$200.00	\$750.00	\$2,250.00	\$674.65	\$1,462.11	\$701.64	\$1,520.59
MM5	GTCMHIC Indemnity Medical Plan 5 (\$100 / \$300 Deductible and \$400/\$1,200 OOP Max.)	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	n/a	\$100.00	\$300.00	\$400.00	\$1,200.00	\$687.09	\$1,483.56	\$714.57	\$1,542.90
MM6	GTCMHIC Indemnity Medical Plan 6 (Comprehensive Value Plan)	n/a	\$500.00	\$1,500.00	\$2,000.00	\$6,000.00	n/a	\$500.00	\$1,500.00	\$2,500.00	\$7,500.00	\$532.32	\$1,151.55	\$553.61	\$1,197.61
MM7	GTCMHIC Indemnity Medical Plan 7 (Rx Embedded in MM)	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	n/a	\$50.00	\$150.00	\$400.00	\$1,200.00	\$775.09	\$1,802.91	\$806.09	\$1,875.03

<i>Prescription Drug Plan Rates (Two-Tier Co-Payment Structure)</i>												
Plan Code	Retail Pharmacy		Mail-Order Pharmacy		Out-of-Pocket Maximum		2017 Premium Rates		2018 Premium Rates			
	Generic	Brand Name	Generic	Brand Name	Individual	Family	Individual	Family	Individual	Family		
2T1	\$1.00	\$1.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$328.46	\$711.94	\$341.60	\$740.42		
2T2	\$2.00	\$5.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$324.01	\$702.28	\$336.97	\$730.37		
2T3	\$2.00	\$10.00	\$0.00	\$0.00	\$1,000.00	\$3,000.00	\$315.14	\$683.06	\$327.75	\$710.38		
<i>Denotes Plan Designs No Longer Available for Negotiation.</i>												

All Others	County
1	0
1	0
7	0

<i>Prescription Drug Plan Rates (Three-Tier Co-Payment Structure)</i>														
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			Out-of-Pocket Maximum		2017 Premium Rates		2018 Premium Rates		All Others	County
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family	Individual	Family		
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand								
3T3	\$5.00	\$10.00	\$25.00	\$10.00	\$20.00	\$50.00	\$1,000.00	\$3,000.00	\$242.26	\$525.09	\$251.95	\$546.09	6	4
3T5a	\$5.00	\$15.00	\$30.00	\$5.00	\$15.00	\$30.00	\$1,000.00	\$3,000.00	\$243.57	\$527.19	\$253.31	\$548.28	5	0
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00	\$3,000.00	\$214.63	\$465.21	\$223.22	\$483.82	9	0
3T7	\$5.00	\$20.00	\$35.00	\$10.00	\$40.00	\$70.00	\$2,000.00	\$6,000.00	\$170.32	\$369.20	\$177.13	\$383.97	2	57
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$144.14	\$312.44	\$149.91	\$324.94	13	0
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$98.41	\$213.30	\$102.35	\$221.83	2	0
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$107.53	\$233.09	\$111.83	\$242.41	0	2
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$97.60	\$211.52	\$101.50	\$219.98	6	0
<i>Denotes Plan Designs No Longer Available for Negotiation.</i>														

**All of the three-tier prescription drug plan options available for negotiations as listed above include the following elements:**

- Retail purchases limited to a 30 day supply.
- Mail-order purchases limited to a 90 day supply.
- Standard edits, exclusions, management protocols apply as follows:
  - Standard Excellus contract exclusions apply
  - No coverage for prescriptions filled at non-participating pharmacies
  - Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
  - Standard use management protocols apply (including prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).
  - All federal & state mandates that apply to pharmacy benefits are included
  - Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.
  - Mandatory Specialty Pharmacy Program applies at retail benefit.
  - Generic Trial Program applies

**Greater Tompkins County Municipal Health Insurance Consortium**  
**2017 and 2018 Fiscal Year Medicare Supplement Plan Premium Equivalent Rates**

Premium % Increase	4.00%
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Medicare Supplement Plan Rates													
Plan Code	Medical Plan	Retail Pharmacy			Mail-Order Pharmacy			2017 Premium Rates			2018 Premium Rates		
		Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Medical Rate	Rx Rate	Total Premium	Medical Rate	Rx Rate	Total Premium
		Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand						
MS-1	Medicare Supplement	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$244.15	\$0.00	\$244.15	\$253.91	\$0.00	\$253.91
MS-2	Medicare Supplement	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$244.15	\$563.20	\$807.35	\$253.91	\$585.73	\$839.64
MS-3	Medicare Supplement	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$244.15	\$378.22	\$622.37	\$253.91	\$393.35	\$647.26
MS-4	Medicare Supplement	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$244.15	\$258.23	\$502.37	\$253.91	\$268.55	\$522.47
MS-5	Medicare Supplement	20%	20%	40%	15%	15%	40%	\$244.15	\$282.12	\$526.27	\$253.91	\$293.41	\$547.32
MS-6	Medicare Supplement	20%	30%	50%	20%	30%	50%	\$244.15	\$256.08	\$500.23	\$253.91	\$266.32	\$520.24

Prescription Drug Plan Rates - Non Medicare Supplement Plans (Three-Tier Co-Payment Structure)												
Plan Code	Retail Pharmacy			Mail-Order Pharmacy			Out-of-Pocket Maximum		2017 Premium Rates		2018 Premium Rates	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	Individual	Family	Individual	Family	Individual	Family
	Generic	Preferred Brand	Non-Preferred Brand	Generic	Preferred Brand	Non-Preferred Brand						
3T6	\$5.00	\$15.00	\$30.00	\$10.00	\$30.00	\$60.00	\$1,000.00	\$3,000.00	\$214.63	\$465.21	\$223.22	\$483.82
3T9	\$10.00	\$25.00	\$40.00	\$20.00	\$50.00	\$80.00	\$2,000.00	\$6,000.00	\$144.14	\$312.44	\$149.91	\$324.94
3T10	\$15.00	\$30.00	\$45.00	\$30.00	\$60.00	\$90.00	\$2,000.00	\$6,000.00	\$98.41	\$213.30	\$102.35	\$221.83
3T11	20%	20%	40%	15%	15%	40%	\$3,000.00	\$9,000.00	\$107.53	\$233.09	\$111.83	\$242.41
3T13	20%	30%	50%	20%	30%	50%	\$3,000.00	\$9,000.00	\$97.60	\$211.52	\$101.50	\$219.98

**All of the three-tier prescription drug plan options available for negotiations as listed above include the following elements:**

1. Retail purchases limited to a 30 day supply.
2. Mail-order purchases limited to a 90 day supply.
3. Standard edits, exclusions, management protocols apply as follows:
  - a. Standard Excellus contract exclusions apply
  - b. No coverage for prescriptions filled at non-participating pharmacies
  - c. Generic Advantage Program (GAP) for Maximum Allowable Cost applies.
  - d. Standard use management protocols apply (including prior authorization list, step therapy programs, dose efficiency edits, quantity limits, and new drug management).
  - e. All federal & state mandates that apply to pharmacy benefits are included
  - f. Diabetic prescriptions, supplies and equipment follow the NYS mandate and are processed in accordance with the office visit benefit.
  - g. Mandatory Specialty Pharmacy Program applies at retail benefit.
  - h. Generic Trial Program applies