



Greater Tompkins County Municipal Health Insurance Consortium

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

RESOLUTION NO. 018-2020 – AMENDMENT OF ALL METAL LEVEL AND MEDICARE SUPPLEMENT CONSORTIUM PLANS TO INCLUDE VISION AND HEARING BENEFITS

MOVED by Mr. Witmer, seconded by Mr. Snow, and unanimously adopted by voice vote by members present.

WHEREAS, only the Consortium’s old-style PPO plans have a vision benefit “\$60 Reimbursement every year Includes Frames/Lenses or Contact Lenses”, the other plans from the Consortium menu do not have an eyewear benefit, and

WHEREAS, none of the of the Consortium plans have a hearing aid benefit and the Bronze Plan currently does not have a hearing evaluation benefit or eye exam coverage, and

WHEREAS, the average age of Consortium subscribers is 53.4 years old, and

WHEREAS, Excellus’ PPO plans have a hearing aid benefit that reads; “In- network - covered at 50% for a single purchase once every 3 years, Out-of-network - covered at 50%, subject to the deductible for a single purchase once every 3 years”, and

WHEREAS, the Consortium’s Benefit Plan Consultant has reported that the additional premium cost for both eyewear and hearing aid benefit is \$3 single and \$7 family per member per month, and

WHEREAS, Excellus has advised that the Medicare Supplement has a rider for vision coverage that may provide better options specific to this Plan, now therefore be it

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design, That the Board of Directors includes the following benefit in the Bronze, Silver, Gold, and Platinum Metal Level Plans:

Benefit Name: Adult Hearing Aids

In-Network:

(PCP/Specialist) - 50% Coinsurance; subject to deductible
(Platinum is 50% coinsurance Only for In-Network)

Out of Network: 50% Coinsurance, Subject to Deductible

Limits and Additional Information

1 Purchase every 3 years up to a maximum of \$3,500 for one pair.

Limits are combined for INN and OON

Benefit Name: Adult Eyewear - Routine

In-Network: Covered

Out of Network: Covered

Limits and Additional Information

- \$60 Reimbursement per year
- Includes Frames/Lenses or Contact Lenses
- Limits are combined for In-Network and Out-of-Network

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RESOLVED, further, That, in addition to the changes recommended above, the Bronze Plan will also have the following benefits

Benefit Name: Adult Eye Exams - Routine

- In-Network: 0% Coinsurance; subject to deductible
- Out of Network: 0% Coinsurance, subject to Deductible
- Limits and Additional Information
 - 1 exam per contract year
 - Limits are combined for In-Network and Out-of-Network

Benefit Name: Hearing Evaluations - Routine

- In-Network: 0% Coinsurance; subject to deductible
- Out of Network: 0% Coinsurance, subject to Deductible
- Limits and Additional Information
 - 1 exam per contract year
 - Limits are combined for INN and OON

RESOLVED, further, That the Board of Directors includes the following additional benefits in the Medicare Supplement Plan:

Benefit Name: Routine Vision

- Eye exam: \$20 copay; one per calendar year
- Eyewear: \$100 allowance for Lenses/Contacts/Frame; one per calendar year.
- Note: The above benefits must be paired; one cannot be sold without the other.


Benefit Name: Hearing Aids

- Covered at 50% up to a maximum of \$3,500 for one pair every three years.

RESOLVED, further, That Executive Director is directed to secure an underwriting analysis to show the impact of these changes on claims cost which the Board should consider in establishing 2021 premiums for the Platinum, Gold, Silver, Bronze and Medicare Supplement plans.

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 August 27, 2020.


Michelle Cocco, Administrative Clerk