



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. 011-2020 – AUTHORIZATION BY THE BOARD OF DIRECTORS TO REMOVE BENEFIT PLANS FROM THE CONSORTIUM’S MENU OF BENEFIT PLAN OFFERINGS

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

WHEREAS, to achieve administrative efficiencies the Consortium wishes to consolidate and streamline its menu of benefit plan offerings, and

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

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

RESOLVED, on recommendation of the Executive Committee and the Joint Committee on Plan Structure and Design, That the following benefit plans be removed from the Consortium’s Menu of Benefit Plan Offerings effective January 1, 2021:

1. Indemnity Plan MM3

Plan Description:

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

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

Plan Descriptions:

MS1 - Medicare Supplement Plans with No Prescription Drug Coverage

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

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

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

RESOLVED to restrict the following plans from any new members utilizing them,

1. Indemnity Plans MM1, MM2, MM5, and MM7

Plan Descriptions:

MM1 – Basic Benefits with “Major Medical” \$50/\$100 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM2 – Basic Benefits with “Major Medical” \$100/\$200 Deductible & \$200/\$400 Out-of-Pocket Maximum

MM5 – Basic Benefits with “Major Medical” \$100/\$300 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

MM7 – Basic Benefits with “Major Medical” \$50/\$150 Deductible & \$400/\$1,200 Out-of-Pocket Maximum

2. PPO Plans PPO1, PPO2, PPO3, and PPOT

PPO1 - \$10 PPO with \$1,000/\$3,000 Out-of-Pocket Maximum and \$250/\$750 Out-of-Network Deductible

PPO2 - \$15 PPO with \$1,500/\$4,500 Out-of-Pocket Maximum and \$500/\$1,500 Out-of-Network Deductible

PPO3 - \$20 PPO with \$2,000/\$6,000 Out-of-Pocket Maximum and \$750/\$2,250 Out-of-Network Deductible

PPOT - \$10 PPO with \$1,000/\$3,000 Out-of-Pocket Maximum (“Teamsters Lookalike Plan”)

