

Approved

March 17, 2014

**February 18, 2014
Town of Taghkanic
Town Board Workshop Meeting**

9 am: The Town Board of the Town of Taghkanic held its Workshop meeting on the above date at the Taghkanic Town Hall. Supervisor Erik Tyree introduced Stephen Acciani, BCI Group, LLC Regional VP.

Present:	Erik Tryee	Supervisor
	Debora Gilbert	Councilwoman
	Richard Skoda	Councilman
	Ryan Skoda	Councilman
	Joyce Thompson	Councilwoman
	Cheryl Rogers	Clerk
	Stephen Acciani	Guest

Absent:

This meeting was held for the Board to look into the best coverage for the employees and also a way for the town to save. Mr. Acciani presented the Board with the following health insurance quotes for platinum, gold, silver and bronze plans. There was discussion about buy out (which is yearly), Veteran benefits, Medigap and Medicare coverage. Also discussed were the Health Reinvestment Account (HRA) , for which there is an administration fee, and the Health Saving Account (HSA) , for which there is no administration fee. (Mr. Acciani will send more information about HRA and HSA accounts.)

Mr. Acciani shared what the following towns pay for health insurance:

- Taghkanic: Pays 100% for all tiers
- Gallatin: Pay 100% for the employees, $\frac{1}{2}$ the spouse and none of the additional for the family.
- Chatham: pay 100% for some and 80% for others for all tiers-not fully sure. Highway is on Teamsters Insurance.
- Stockport: Pays 100% for all tiers. Pays for two retirees.
- Hillsdale: Pays 100% for all tiers. Steve, know they pay for several retirees too.
- Austerlitz: 100% paid by the Town for grandfathered Town employees and family. Single full time new hires, 75% paid by the Town. Full time new hires with family, 75% paid by the Town for employees and employee pay 25% of the difference between cost of family insurance and single coverage. I don't think they pay for retirees.
- Stuyvesant: 100% for single and 50% for all the other tiers

Mr. Acciani informed the Board that Medigap and Medicare coverage for someone 65 years of age does not start coverage until after retirement.

Town of Taghkanic Health Insurance Quotes

April 2014

Platinum Plans (90% actuarial value)

	Current County Plan	1	2
	MVP EPO	MVP Platinum 1 EPO	CDPHP Platinum EPO 301
Network	Cigna National Network	Cigna National Network	First Health National Network
Office Visit	\$25/\$25	\$5/\$40 First 3 PCP visits are \$0	\$25/\$25
Drug	\$5/\$20/\$40 (Self-insured)	\$5/\$30/\$50	\$4/\$30/\$60
Hospital	\$250	\$300 Inpatient copay \$100 Surgery copay	\$250
Lab	\$0	\$5/\$40 First 3 lab visits are \$0	\$25 Covered in full at preferred sites
Outpatient Surgery	\$75	\$100	\$50
High Tech Imaging	\$25	\$100	\$25 Covered in full at preferred sites
Emergency Room	\$50	\$100	\$75
Out of Pocket Limit	n.a.	\$3000/\$6000	\$6350/\$12,700
Coinurance	20% (durable medical equipment, external prosthetic devices, and ostomy supplies)	50% (durable medical equipment, external prosthetic devices, and ostomy supplies)	50% (durable medical equipment, external prosthetic devices, and ostomy supplies)
Rates			
Single	\$640.79	\$544.28	\$545.81
Employee/Spouse	\$1281.57	\$1088.56	\$1091.62
Employee/Child(ren)	n.a.	\$925.28	\$927.88
Family	\$1730.04	\$1551.20	\$1555.56

Gold Plans (80% actuarial value)

	3	4
	MVP Gold 3 EPO	CDPHP Gold Standard Plan
Network	Cigna National Network	First Health National Network
Deductible	\$600/\$1200 Embedded*	\$600/\$1200 Embedded*
Ccoinsurance	0%**	0% (20% on durable medical equipment, external prosthetic devices, and ostomy supplies)
Out-of-Pocket Limit	\$4000/\$8000	\$4000/\$8000
Office Visit	\$10/\$40 After deductible	\$25/\$40 After deductible
Drug	\$10/\$35/50% Deductible does not apply	\$10/\$35/\$70 Deductible does not apply
Hospital	\$800 Inpatient copay/\$50 Surgery copay After deductible	\$1000 After deductible
Lab	\$10/\$40 After deductible	\$25/\$40 After deductible Covered in full at preferred sites
Outpatient Surgery	\$100 After deductible	\$100 After deductible
High Tech Imaging	\$150 After deductible	\$25/\$40 After deductible Covered in full at preferred sites
Emergency Room	\$250 After deductible	\$150 After deductible
Rates		
Single	\$449.61	\$458.28
Employee/Spouse	\$899.22	\$916.57
Employee/Child(ren)	\$764.34	\$779.08
Family	\$1281.39	\$1306.11

***Embedded:** Within a family, an individual need meet only the individual deductible.

Silver Plans (80% actuarial value)

	5	6
	CDPHP Silver High Deductible EPO 349 HSA Qualified	MVP Silver 3 High Deductible EPO HSA Qualified
Network	First Health National Network	Cigna National Network
Deductible	\$1500/\$3000 Aggregate	\$1500/\$3000 Aggregate
Coinurance	0%**	0%**
Out-of-Pocket Limit	\$6350/\$12,700	\$6350/\$12,700
Office Visit	\$25/\$40 After deductible	\$25/\$50 After deductible
Drug	\$10/\$50/\$80 After deductible	\$10/\$40/\$60 after deductible (preventive drugs not subject to deductible)
Hospital	\$0 After deductible	\$500 Inpatient copay/\$100 Surgery copay after deductible
Lab	\$25/\$40 After deductible Covered in full at preferred sites	\$25/\$50 After deductible
Outpatient Surgery	\$100 After deductible	\$200 after deductible
High Tech Imaging	\$25/\$40 After deductible Covered in full at preferred sites	\$150 after deductible
Emergency Room	\$50 After deductible	\$300 after deductible
Rates		
Single	\$382.90	\$382.97
Employee/Spouse	\$765.80	\$765.94
Employee/Child(ren)	\$650.93	\$651.05
Family	\$1091.27	\$1091.46

Bronze Plans (70% actuarial value)

	7 CDPHP Bronze High Deductible EPO 334 HSA Qualified	8 MVP Bronze 3 High Deductible EPO HSA Qualified
Network	First Health National Network	Cigna National Network
Deductible	\$5000/\$10,000 Aggregate	\$4000/\$8000 Embedded
Coinurance	0%	30%**
Out-of-Pocket Limit	\$6350/\$12,700	\$6350/\$12,700
Office Visit	0% after deductible	\$30/\$50 after deductible
Drug	\$10/\$50/\$80 after deductible	\$5/\$40/\$60 after deductible (preventive drugs not subject to deductible)
Hospital	0% after deductible	30% Inpatient coinsurance/\$100 Surgery copay after deductible
Lab	0% after deductible	\$30/\$50 after deductible
Outpatient Surgery	0% after deductible	\$100 after deductible
High Tech Imaging	0% after deductible	\$200 after deductible
Emergency Room	0% after deductible	\$300 after deductible
Rates		
Single	\$322.29	\$293.96
Employee/Spouse	\$644.57	\$587.92
Employee/Child(ren)	\$547.89	\$499.73
Family	\$918.52	\$837.79

**50% coinsurance on durable medical equipment, external prosthetic devices, and ostomy supplies

This is a brief overview of commonly used services and is not intended to be used as a benefit summary. Always refer to carrier contract for final details.

Town of Taghkanic Health Insurance 2014				
			Silver	Silver
		CURRENT PLAN: MVP EPO	CDPHP HDEPO	MVP HDEPO
Network		Cigna National Network	First Health	Cigna National Network
Deductible		n.a.	\$1500/\$3000	\$1500/\$3000
Type		n.a.	Aggregate	Aggregate
HSA Qualified		No	Yes	Yes
Coinsurance		n.a.	n.a.	n.a.
Out of Pocket Max		n.a.	\$6350/\$12,700	\$6350/\$12,700
Office Visit		\$25	\$25/\$40 after deductible	\$25/\$50 after deductible
High Tech Imaging		\$25	\$25/\$40 after deductible	\$150 after deductible
Inpatient Hospital		\$250	Covered in full after deductible	\$500 inpatient/\$100 surgery after deductible
Outpatient Surgery		\$75	\$100 after deductible	\$200 after deductible
Emergency Room		\$50	\$50 after deductible	\$300 after deductible
Drug Rider		\$5/\$20/\$40	\$10/\$50/\$80 after deductible	\$10/\$40/\$60 after deductible
Rates				
Single	2	\$ 640.79	\$ 377.99	\$ 382.97
Ee/spouse	2	\$ 1,281.57	\$ 755.99	\$ 765.94
Ee/children	0	n.a.	\$ 642.59	\$ 651.05
Family	2	\$ 1,730.04	\$ 1,077.28	\$ 1,091.46

			Silver	Silver
		CURRENT PLAN: MVP EPO	CDPHP HDEPO	MVP HDEPO
Network		Cigna National Network	First Health	Cigna National Network
Deductible		n.a.	\$1500/\$3000	\$1500/\$3000
Type		n.a.	Aggregate	Aggregate
HSA Qualified		No	Yes	Yes
Coinsurance		n.a.	n.a.	n.a.
Out of Pocket Max		n.a.	\$6350/\$12,700	\$6350/\$12,700
Office Visit		\$25	\$25/\$40 after deductible	\$25/\$50 after deductible
High Tech Imaging		\$25	\$25/\$40 after deductible	\$150 after deductible
Inpatient Hospital		\$250	Covered in full after deductible	\$500 inpatient/\$100 surgery after deductible
Outpatient Surgery		\$75	\$100 after deductible	\$200 after deductible
Emergency Room		\$50	\$50 after deductible	\$300 after deductible
Drug Rider		\$5/\$20/\$40	\$10/\$50/\$80 after deductible	\$10/\$40/\$60 after deductible
Rates				
Single	2	\$ 640.79	\$ 377.99	\$ 382.97
Ee/spouse	2	\$ 1,281.57	\$ 755.99	\$ 765.94
Ee/children	0	n.a.	\$ 642.59	\$ 651.05
Family	2	\$ 1,730.04	\$ 1,077.28	\$ 1,091.46
Monthly Totals				
Single	2	\$ 1,281.58	\$ 755.98	\$ 765.94
Ee/spouse	2	\$ 2,563.14	\$ 1,511.98	\$ 1,531.88
Ee/children	0	n.a.	\$ -	\$ -
Family	2	\$ 3,460.08	\$ 2,154.56	\$ 2,182.92
Total		\$ 7,304.80	\$ 4,422.52	\$ 4,480.74
Annual		\$ 87,657.60	\$ 53,070.24	\$ 53,768.88
Annual Deductible Reimbursement @100%	6	n.a.	\$ 15,000.00	\$ 15,000.00
Premium plus 100% Deductible Reimbursement		\$ 87,657.60	\$ 68,070.24	\$ 68,768.88

The board asked Mr. Acciani to add a column for the CDPHP Platinum program to this comparison.

Clerk Rogers informed the Board that Suzanne Muldoon, Town Accountant, has asked that the town request an extension to prepare the AUD. Councilwoman Joyce Thompson motioned to grant permission for Supervisor Erik Tyree to sign the letter requesting an extension, seconded by Supervisor Erik Tyree.

Approved: **5 Ayes** **(Erik, Debora, Joyce, Richard, Ryan)**
0 Nays
0 Absent

The bills were audited and approved for payment: on a motion by Councilman Ryan Skoda, seconded by Councilman Richard Skoda.

February 18, 2014 Abstracts:

2014 General Fund Vouchers # 55 - 57 \$ 6,730.64
Escrow Fund Vouchers # 58 hold - 59 paid \$ 228.00

The board thanked Mr. Acciani for his presentation.

With no further business, on a motion by Councilman Richard Skoda, seconded by Councilwoman Debora Gilbert, the meeting was adjourned at 11:15 am, carried unanimously by all members present. The next Regular meeting will be **March 15, 2014** at the Taghkanic Fire House.

Audience: None