

## 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. 048- 2020 - AMENDMENT OF ALL METAL LEVEL CONSORTIUM PLANS TO INCLUDE PEDIATRIC VISION AND HEARING BENEFITS

MOVED by Mr. Bower, seconded by Mr. Snow, and unanimously recommended by voice vote by members present.

WHEREAS, the Board of Directors approved hearing and vision benefits for all Metal Level Plans and all Medicare Supplement Plans,

WHEREAS, it was the intent when the hearing and vision benefits for adults were approved to also provide these services to pediatric, and

WHEREAS, the Executive Director has secured an underwriting analysis to show there will be no impact of adding these changes to previously established 2021 premium rates,

WHEREAS, Pediatric benefits have specific coverage levels based on government mandated benefits, now therefore be it

RESOLVED, on recommendation of the Joint Committee on Plan Structure and Design, That the Board of Directors includes pediatric vision and hearing benefits in all Consortium Metal Level Plans:

RESOLVED, further, That Executive Director is directed to finalize pediatric coverage on vision and hearing hardware for the Platinum, Gold, Silver, and Bronze Metal Level plans to mirror the adult provisions within required legal parameters.

## Platinum Plan

<u>Pediatric Eye wear</u> – will follow the DME benefit - for In-Network benefits will be 20% coinsurance and Out-of-Network will subject to Deductible and 20% coinsurance (combined In-Network and Out-of-Network limit to one pair per contract year)

<u>Pediatric Hearing Aid</u>- will be covered In-Network and Out-of-Network at 50% - Out-of-Network will apply Deductible (limit is 1 pair every 3 years) (No Dollar limit)

## Gold, Silver, and Bronze Plans

<u>Pediatric Eye wear will</u> apply the product specific for In-Network and Out-of-Network subject to deductible and coinsurance (combined In-Network and Out-of-Network limit to one pair per contract year)

<u>Pediatric Hearing Aid –</u> will apply the product specific for In-Network and Out-of-Network deductible and apply 50% coinsurance. (limit is 1 pair every 3 years) (No Dollar limit)

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 December 17, 2020.

Michelle Cocco, Administrative Clerk