



Greater Tompkins County Municipal Health Insurance Consortium

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www.tompkinscountyny.gov/hconsortium • consortium@tompkins-co.org

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

AGENDA **Operations Committee** **April 24, 2023 – 1:00 P.M.**

Town of Ithaca – Town Boardroom (Shirley Raffensberger Board/Court Room)

1. Call to Order (1:00) L. Granger
2. Changes to the Agenda:
3. Approval of January 23, 2022 Minutes
4. Presentation Regarding Pharmacy Benefit Management (1:10) Excellus
5. Executive Session
6. Executive Director Report (2:15) E. Dowd
Report
Open Meetings Law
Medicare Advantage/EGWP
Utilization Review May 4th
New Plan Addition Form
7. Future Discussion Topics: (2:25)
Gender Affirming Language
COBRA Small Group Administration
8. Adjournment (2:30)

Next Meeting: July 24, 2023

**Operations Committee
Minutes – DRAFT
January 23, 2023 – 1:00 p.m.
Town of Ithaca/Aurora Conference Room**

Present: Laura Granger, Chair; Lisa Holmes; Sunday Earle*; Rita McCarthy*; Schelley Michell-Nunn; Judith (Judy) Drake; Mark Emerson *arrived 1:12p.m.*,
Excused: Ed Fairbrother
Absent: Lou Anne King; Janine Bond
Staff/Guests: Elin Dowd, Executive Director; Teri Apalovich, Finance Manager; Kylie Rodrigues, Benefits Specialist; Lynne Sheldon, Clerk of the Board; Greg Potter, Tompkins County Information Technology *arrived 1:03p.m.*; Brandon Holt, Excellus BCBS; Brian Weinstein, Labor-IPFFA; Steve Locey, Paul Pelton, Rob Spenard, Locey & Cahill

* = Via Zoom remote due to extraordinary circumstances

Call to Order

Ms. Granger, Chair, called the meeting to order at 1:01p.m.

Changes to the Agenda

There were no changes to the agenda

Approval of October 24, 2022, Minutes

Ms. McCarthy abstained from the approval of the minutes as she was not a current committee member at the October 24, 2022, meeting. There was one correction noted on the minutes. Ms. Bond was erroneously entered as excused; however, she did attend the meeting, and arrived at 1:19pm.

It was MOVED by Ms. Drake, seconded by Ms. Michell-Nunn, and unanimously adopted by voice vote by members present, to approve the minutes of October 24, 2022, as submitted with one attendance correction. MINUTES APPROVED.

Executive Director Report

Ms. Dowd announced the Department of Financial Services (DFS) audit of the Consortium is still ongoing. During this audit, the DFS will be calling on the past chair, the Consortium's CFO, the Executive Director, and the Tompkins County IT Department for interviews. The Consortium will be conducting the annual audit simultaneously with Insero & CO. CPAs, closing the 2022 financial year, and finalizing the annual DFS annual statements.

Mr. Potter arrived 1:03pm

Ms. Dowd announced the "Maintain Don't Gain" campaign was extremely successful. All the prizes won by participating individuals have been delivered. She added that the Consortium's Facebook page has become popular with members and Ms. Rodrigues continues to add wellness resources several times a week. The Joint Committee has also approved the yearly wellness topics calendar.

Ms. Dowd explained that the Consortium already has a large new member interest for 2024. She said the consortium may not even have to do marketing for new members this year.

Ms. Dowd stated the Consortium rolled out the Medicare Advantage fully insured option with Aetna and only two municipalities asked for additional information. The Consortium currently has two plans to offer, however, there are currently no municipalities offering this option for 2023. She noted a suggestion from one municipality would be as the Consortium gets closer to open enrollment to offer a Medicare 101 for benefit clerks or individuals who are interested. This event is being planned for the end of the summer to fall.

Ms. Dowd said that the Executive Committee will receive an update next week regarding the premium equivalent rate audit. The Consortium held an analysis approximately four years ago and since the rates go up every year, an audit is planned to make sure the Consortium is pricing plans appropriately and if there are any kind changes necessary to the dynamics within plan selection, dropping plans, and individuals moving from one plan to another.

Ms. Dowd expressed that there has been some concern and questions regarding the vocabulary used by the Consortium regarding plan elimination. She said that regarding elimination, the Consortium always speaks to a municipality when suggesting a plan be eliminated, especially if no individuals are in a plan, if a plan will not be offered again, or gets priced out of the market. She said the Consortium will now use plan consolidation versus plan elimination where consolidation makes sense.

Mr. Emerson arrived 1:12pm

Ms. Rodrigues confirmed the Blue4U will have hosting sites at both Tompkins and Seneca County's. Planning for sites will include blood draws, and blood pressure testing will take place mainly in March, however, one is scheduled for the end of February and one in April.

Resolution: Approval of Contract to Enter into An Agreement with Lifetime Benefit Solutions to Prepare Documents

Ms. Dowd explained that our plans must be updated whenever there is a government related mandate, usually a New York State mandate. Since the Consortium is under Article 47, the plan document needs to be written a certain way, with specific information including any voluntary updates when the Consortium changes a benefit, or how the Consortium pays for a benefit. The Consortium would like to reinforce the process with some additional resources to look at the documents before they go to the DFS and prepare amendments quickly to take that busy work away from the Consortium and the Consortium's consultants. A proposal to streamline the process came from Lifetime Benefits Solution which would cost a budget addition of approximately \$5,500 to start in 2023 and approval would go to the Audit and Finance Committee as part of the Consortium's budget amendment process.

Ms. McCarthy questioned if the resolution should have wording to include "based on an amended budget", Ms. Dowd concurred. Ms. Earle had questions regarding the relationship between Excellus and Lifetime Benefits Solution and how many hours this may take. Mr. Holt explained that Lifetime Healthcare Companies is the parent company that owns Excellus as well as Lifetime Benefit Solutions. Ms. Dowd said that Locey & Cahill has said this process takes many, many hours.

Ms. Drake asked to clarify that Locey & Cahill has already completed 2021 documents of which DFS is reviewing currently, and this resolution would commence any plans post January 1, 2023, Ms. Dowd concurred.

**RESOLUTION NO. XXX- 2023– APPROVAL OF CONTRACT TO ENTER INTO AN
AGREEMENT WITH LIFETIME BENEFIT SOLUTIONS TO
PREPARE DOCUMENTS**

MOVED by Ms. McCarthy, seconded by Ms. Drake. The resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances to approve the following resolution.

WHEREAS, as an Article 47 municipal health insurance organization we are required to maintain and update any approved benefit changes to our Summary Plan Description (SPD) which allows our Participants to share required plan information to their employees and direct our Third-Party Benefit Plan Administrators on proper claims adjudication according to our Plan Documents and

WHEREAS, maintaining and amending Plan Documents is an ongoing responsibility requiring a specific expertise and keen sense of NYS Insurance Law expertise and

WHEREAS, Lifetime Benefit Solutions offers services specific to creating and maintaining Health Plan(s) Summary Plan Descriptions. Lifetime Benefit Solutions services combines experience, personalized service, and integrated computer capabilities to deliver these key elements efficiently and cost effectively and

WHEREAS, Lifetime Benefit Solutions can help our organization remain in compliance and prepare the Plan Document (PD) and/or SPD/Benefit Booklet for our medical Plans. The PD/SPD/Benefit Booklet will address specific requirements including cost-sharing provisions, specific benefits provided under each Health Plan, and

WHEREAS, the Audit and Finance Committee and Board of Directors have had detailed discussions and have approved the Consortium's 2023 budget and premium rates, and

WHEREAS, the Audit and Finance Committee and the Executive Committee have policies in place to amend the approved budget when appropriate, and

RESOLVED, that the Operations Committee recommends that the Executive Committee approves the addition of a contract with Lifetime Benefit Solutions to commence services on Plan Document and SPD creation for all GTCMHIC plans and

FURTHER RESOLVED, to instruct the Executive Director to execute a contract with Lifetime Benefit Solutions to Commence preparing documents for all GTMHIC Health Plans.

IT Risk Assessment 2022 & 2023

Mr. Potter attended to provide an update and explained one of the areas of support that Tompkins County Information Technology provides for the Consortium is the participation of development of the annual risk assessment that needs to be approved by DFS yearly. He referred to a Risk Assessment [format document](#) that was provided to the committee and noted the information hasn't changed significantly from the previous years. He noted that the DFS has completed most of the IT portion of the audit, however DFS has been specifically focusing on cyber security and eliminating additional risk. Once the Consortium receives feedback from DFS, the Consortium team will reach out to let IT know what they need to focus on.

Mr. Potter also spoke of some significant accomplishments this past year that have been applied for the Consortium. These accomplishments include:

1. Multi-factor authentication both for email and virtual private network access has been implemented. The Consortium was the first to shift to that technology.
2. Project with NYS to roll out a Joint Operation Center based out of Brooklyn of Edge Management Software and services known as Crowd Strike centralized to the State. This is feeding information from the County or larger cities in the State into an operating system. They would collect all information across the State so they can better address cyber security practices.
3. Tompkins County IT has hired a company called CyberDefense Institute which creates customized security practices to meet regulations and risk assessments to focus security resources in the right areas.

Mr. Potter also discussed bigger concerns about how to track individuals that access health care, particularly those services and data that are managed by external companies like Excellus and ProAct. He stressed most of the work the Consortium does is with third party companies and organizations that the County does not manage. There is a need to involve a more specialized review of health care and coordinated efforts to do so to comply with the audit process.

Ms. Dowd added that the Consortium has already spoken to one organization that was recommended by Tompkins County and hopes to come up with proposals for the next meeting.

Mr. Potter also indicated another focus area is the IT policy. As Tompkins County shifts and makes their policies much more specific to security with new requirements, it is going to be a lot more expensive and complicated. Tompkins County will have to balance that with Consortium policies as well, because what they put into those policies also needs to apply to the Consortium as an organization.

Mr. Potter spoke of the Consortium discussion about relocation. Currently, there is a fiber optics connection to the Town of Ithaca building, which allows them to extend the county's network in a very supportable manner. If the Consortium decides to relocate to another location, Tompkins County IT will have to revisit how they would provide service to that location. He mentioned there are some locations right now that aren't attached to our network. So that's a possibility to use a VPN connection back into them that is now done by some.

Resolution: Adoption of Cyber Security Audit and Review of Business Continuity Plan

RESOLUTION NO. XXX-2023 - ADOPTION OF CYBER SECURITY AUDIT AND REVIEW OF BUSINESS CONTINUITY PLAN

MOVED by Ms. Holmes, seconded by Ms. Drake. The resolution was unanimously adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances to approve the following resolution.

WHEREAS, the Board of Directors adopted a Cyber Security Policy and Business Continuity Plan to adhere with NYS Department of Financial Services rules and Regulations requiring Article 47 Municipal Cooperative Health Benefits to comply with Part 500 of Title 23 of the Official Compilation of Codes, Rules, and Regulations (NYCRR) of the State of New York, and Insurance

Circular Letter No. 7 (2021), and

WHEREAS, the Executive Committee has delegated responsibility for accepting the Audit to the Operations Committee, now therefore be it

RESOLVED, That the Operations Committee authorizes the Executive Director and the Tompkins County Department of Information Technology Services, through its contract with the Consortium, to continue to assess the Cyber Security Program and Business Continuity Plan, including its Policy and Procedures and to report any substantive changes to the Operations Committee, and

RESOLVED, further, That the Operations Committee directs the Executive Director to file a Certificate of Compliance with the New York State Department of Financial Services by February 15, 2023 and an updated Business Continuity Plan annually.

Executive Session

Mr. Holt excused himself from the Executive Session and did not rejoin the remainder of the meeting.

It was MOVED by Ms. Drake, seconded by Ms. Earle, and unanimously adopted by voice vote by members present via in-person and via Zoom, to enter executive session at 1:37 p.m. to discuss contract reviews and RX Rebates.

It was MOVED by Ms. Earle, seconded by Ms. Drake, and unanimously adopted by voice vote by members present via in-person and via Zoom, to return to open session at 2:22 p.m.

Future Discussion Topic

Ms. Michell-Nunn spoke about the City of Ithaca conducting an evaluation called the Municipal Equity Index Criteria. This considers best practices when servicing the LGBTQ Community. One question each year is gender affirming languages in the Health Consortium insurance plan. She noted that the information received by Mr. Locey and Ms. Dowd is not enough and is not accepted by this agency. Ms. Michell-Nunn is wondering where the language is in the health plan, and she noticed that the documents sent with the full agenda packet did not cover conversion therapy. Ms. Dowd mentioned that the plan document that was in the packet was just examples, not the Consortium's plan. Ms. Michell-Nunn's question is if we don't have the language in the Consortium's plan, how can we get the language added. Ms. Dowd responded that this discussion will be added to the next meeting's future discussion topics.

Next Meeting Agenda Items

LGBTQ Language

Adjournment

The meeting was adjourned at 2:25p.m.

The next meeting will be held April 24, 2023

Respectfully submitted by Lynne Sheldon, Clerk of the Board

Executive Director Report March 2023

As we get close to ending the first quarter of 2023, we are in the midst of finalizing several year-end reports including our annual audit and the NYS JURAT. We have just commenced our medical claims audit for 2020/2021 and are also looking at pharmacy benefit manager options for third party benefit administration of our Rx claims. Our five-year NYS Department of Financial Services audit continues, but it appears we are getting closer to the end of the data collection phase.

Congratulations to Kylie Rodrigues on becoming a “permanent” employee as we just received notice that she passed her civil service examination as a reachable candidate. We have also received word that Greg Potter with Tompkins County IT Department has resigned, and Loren Cottrell is now our IT contact. We have also been informed that Steve Thayer will retire at the end of June. Steve has been our CFO since inception, and is leaving the City of Ithaca after a 25-year career. Teri Apalovich and I have been asked to serve on the search committee. We are also continuing our search to find new offices to meet our staffing and committee meeting needs. We have entered a LOI with a location in Cayuga Heights and I hope to have more information that I can share regarding that location soon.

My report this month includes several attachments as I thought that was the best way to keep you informed about several updates regarding the administration of the Consortium benefit plans. The attachments are as follows:

Ground Ambulance Services – NYS set a new reimbursement schedule for how we are allowed to reimburse providers for ground ambulance services.

COVID 19 Plan Changes related to the End of the Public Health Emergency (PHE) – At the beginning of COVID we changed coverage for most COVID 19 treatment and testing to 100% coverage. When the PHE ends in May, our plans will return to paying COVID according to how we pay for other similar services.

Benefit Correction Regarding Behavioral Health – Excellus sent a copy of the letter attached to anyone having out of network behavioral health services performed by non-MDs that their benefit reimbursements would be paid according to plan and not how Excellus had been incorrectly paying them. These letters have gone out and our Benefit Specialist and Excellus have been fielding questions regarding this correction. The Consortium is also making some other benefit corrections due to the Inflation Reduction Act, and we will work with our administrators to communicate those changes appropriately.

Frozen Formularies – NYS mandated a change that a formulary can have no negative changes to a subscriber mid-year. The attached letter prepared by Locey & Cahill outlines how this new law will change our benefit plan going forward.

Wilmington Trust – Due to the recent banking crisis, Wilmington Trust felt it was important to communicate to customers their confidence in the strength of their organization and investments. As you know, our funds are 100% government-backed treasuries, so we are in a secure financial state.

Please let me know if you have any additional questions once you have read all the information attached. Please know there are still options in late March and early April to participate in our Blue4U Clinics and monthly Wellness Challenges.

Our presence on Facebook is growing, to see what is happening in wellness each month, please visit our Facebook site. [Link to FB page](#)

Our quarterly newsletter, Consortium Connection, is now paperless, please sign up on our website to continue to receive the newsletter electronically or follow this link to read December’s newsletter:
<http://www.healthconsortium.net/newsletter>

Respectfully submitted by Elin R. Dowd, Executive Director, March 25, 2023.

Ground Ambulance Services – NYS Fair Health Cap Mandate

The NYS Department of Financial Services has implemented an 80th Percentile of Fair Health cap reimbursement for out-of-network ground ambulance services. Under this reimbursement, members cannot be balance billed for services rendered within NYS. Greater Tompkins County Municipal Health Insurance Consortium (GTCMHIC) is currently set up with the allowable expense for out-of-network ground ambulance at 100% of charges to eliminate any balance bill to members.

With the new mandate GTCMHIC will be setting the cap reimbursement at the allowed 80th Percentile of Fair Health for out-of-network ground ambulance services. Meaning, so long as that level of reimbursement is paid, there cannot be any balance bill to members under the law. Adopting this new methodology for services rendered within NYS, will lead to a savings for the plan. GTCMHIC paid 178 claims of this type at 100% of charge in 2022, paying those same claims under this methodology would have resulted in \$7,978 in savings to the plan.

However, this is just a NYS law. Ground ambulance services rendered outside of NYS would still be subject to balance billing. Therefore, we have elected to keep the reimbursement at 100% of charges for services outside of NYS to eliminate the risk of balance billing to members.

Please note, there is no change to a subscriber or their dependents for the cost of ambulance services in and out-of-network.

National Emergency and Public Health Emergency Related to COVID-19 Terminates May 11, 2023

On January 30, 2023, the Biden Administration issued a Statement of Administration Policy (SAP) announcing that both the National Emergency (NE) and Public Health Emergency (PHE) related to COVID-19 will terminate on May 11, 2023. The SAP states that the extended wind-down aligns with the Administration's previous commitments to give at least 60 days' notice prior to termination of the PHE.

Benefits Requirements Ending May 11, 2023

1. **COVID-19 Testing:** Plans must cover COVID-19 tests and other services resulting in the order for the test without cost-sharing, both in and out of network, without prior authorization or medical management.
2. **Over-the-Counter COVID-19 Testing:** Plans must cover OTC COVID-19 tests without cost-sharing, both in and out of network. Plans may limit reimbursement to eight (8) tests per month if they meet certain safe harbor requirements. Plans may also limit out-of-network OTC reimbursement to \$12 under certain circumstances.
3. **Vaccines:** Non-grandfathered plans must cover qualifying COVID-19 preventive services and vaccines without cost-sharing both in and out of network. (After the PHE expires, non-grandfathered plans must cover these vaccines without cost-sharing but may limit coverage to network providers.)

Excellus will be advising us if any medical claims coverage changes will be necessary at this time as most benefits regarding care have already returned to pre-pandemic coverage. Both physical and behavioral health visits related to COVID – 19 will be paid with applicable co-pays and co-insurance as comparable to other primary care or specialist visits. In addition, Excellus will work with Locey & Cahill to provide advice to the Consortium on any other administration issues related to the PHE ending in May. Updates to Benefit Clerks and other communications will include any applicable notices required regarding plan changes.

In preparation for the end of the PHE, ProAct has been closely monitoring industry expectations. ProAct has advised us of the following:

- COVID-19 vaccines will move to coverage per ACA guidelines for preventative care.
- Coverage of antivirals used to treat COVID-19 (e.g. Paxlovid®, Lagevrio®) will be determined by plan design relating to formulary placement.
- The current coverage mandated for COVID-19 test kits will be removed from our plan on May 11, 2023

Other Administrative Requirements Ending May 11, 2023

Plan sponsors were generally required to disregard the “Outbreak Period” when determining certain deadlines. The applicable deadlines included timing for administrative items such as special enrollments, COBRA continuation coverage, premium payments and other claims filing protocols. These administrative protocols will also end once the PHE concludes and all administrative protocols should be complete by July 10, 2023.

12345
TESTING
1234 MAIN STREET
ANYTOWN, NY 12345

Dear <Member Name>:

We have important information to share about your behavioral health coverage. Excellus BlueCross BlueShield is writing to notify you of reimbursement changes effective January 1, 2023. We may not be able to reimburse you for the same amount we have in the past. This change affects visits to the out-of-network provider types listed below.

While we are not able to list the specific names of the affected out-of-network providers, you may have seen at least one affected provider this year. If you visit one of these providers in 2023, **you may have to pay more out of pocket:**

- Physician Assistant and Nurse Practitioner
- Dietician
- Nurse Midwife
- Licensed Clinical Social Worker (LCSW)
- Licensed Creative Art Therapist (LCAT)
- Licensed Master Social Worker (LMSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)

We want to help you maximize your care and minimize your costs. We are here to help. Excellus BCBS contracts with a full range of in-network behavioral health providers. Let us help you find an in-network provider.

You can use our **find a doctor** tool at ExcellusBCBS.com/FindADoctor.

We also have an entire team ready to help. The team will also be able to tell you which provider you saw whose reimbursement amount has changed. To reach Customer Care, call 1-800-499-1275.

Sincerely,



Alexander Levi
Vice President, Customer Care
EXC_CNMD

LOCEY & CAHILL, LLC

250 SOUTH CLINTON STREET, SUITE 340
ARMORY SQUARE
SYRACUSE, NY 13202
TEL. 315-425-1424
FAX. 315-425-1394

MEMORANDUM

DATE: MARCH 17, 2023

**TO: PROACT, INC.
GTCMHIC CLIENT SERVICES TEAM
MORGAN RANDAZZO, DAVE MASTRANGELO, AND RON ROMANO**

FROM: LOCEY & CAHILL, LLC

SUBJECT: THE NEW YORK STATE “FROZEN FORMULARY” MANDATE

This memorandum provides our understanding of the New York State “Frozen Formulary” Mandate and how its terms and conditions should be applied to the Greater Tompkins County Municipal Health Insurance Consortium (“Consortium”) Plans.

As you are aware, the Consortium is a self-insured municipal cooperative health benefit plan which received a certificate of authority from the New York State Department of Financial Services (“NYS-DFS”) on October 1, 2010. As such, the NYS-DFS requires the Consortium to follow the same laws, rules, and regulations as an Article 43 “Not-For-Profit” Insurance Company as it relates to the benefits offered by the Consortium in its various hospital, medical, surgical, and pharmacy benefit plans.

It is our understanding that the requirements noted above include the Consortium’s compliance with the recently passed “Frozen Formulary” Mandate. As such, Locey & Cahill, LLC on behalf of the Consortium is hereby advising ProAct, Inc. of the following:

1. The prescription drug formulary must be reviewed and certified each year by ProAct, Inc.
2. Once the formulary has been established for the year by ProAct, Inc. it will be effective on January 1st and may be modified with the following exceptions:
 - a. ProAct, Inc. may not move a prescription medication to a higher cost tier.
 - b. ProAct, Inc. may not remove any prescription medication from the formulary, unless the United States Food & Drug Administration rules that the prescription medication should be removed from the market as the result of safety concerns.
 - c. ProAct, Inc. may only impose new utilization management restrictions if the United States Food & Drug Administration issues a notice regarding safety concerns associated with the prescription medication.
 - d. ProAct, Inc. may move a prescription medication to a higher member cost share (deductible, coinsurance amount, or copayment) provided an AB-rated generic equivalent or an interchangeable biological product for such prescription medication is added to the formulary at the same time.

PROACT, INC. GTCMHIC CLIENT SERVICE TEAM MEMO
FROM: LOCEY & CAHILL, LLC
DATE: MARCH 17, 2023
PAGE: 2

3. On or before October 1st of each year, ProAct, Inc. must provide the Consortium with a notice to be distributed to all covered members outlining any formulary changes which will be taking effect on January 1st of the next plan year. This notice must identify any prescription medications being removed from the formulary and any prescription medications which will include an increased member cost share (deductible, coinsurance, or copayment).

In an effort to avoid creating an unwieldy process by administering multiple formularies each year, the Consortium has chosen to not implement the following changes although outlined in this mandate as allowed by the NYS-DFS:

1. The prescription medication formulary could be altered to increase a prescription medication's cost share (deductible, coinsurance amount, or copayment) for any member not diagnosed with a condition treated by said medication, not already being treated by said medication, or not having a condition for which the medication would be part of the treatment regimen.
2. Agreeing to changes to the prescription medication formulary through the collective bargaining process between a municipality and a labor representation group ("union" or "collective bargaining group").

We hope the above provides ProAct, Inc. with the guidance necessary to properly implement and manage the prescription medication formulary for the Consortium. Please let us know if you have any questions or if we can provide any additional information or guidance in this regard.

We thank you for your time and cooperation on this most important matter.

Account Protection and Safety

What you should know about the safety of your financial accounts

M&T Bank Corporation data (as of 12/31/2022)

- \$201 billion in assets
- \$165 billion in assets under management¹
- \$25 billion in shareholders' equity
- \$132 billion in loans and leases
- \$164 billion in deposits
- Tier 1 capital ratio: 11.8%
- Profitable for 186 consecutive quarters as of 12/31/22

We understand that knowing your assets are protected is extremely important, particularly during times of severe market volatility. In Corporate Trust, providing prudent financial solutions is one of our greatest responsibilities, and has been since our founding more than a century ago.² We are proud to be part of the M&T corporate family, one of the 15 largest U.S.-owned, commercial bank holding companies.³

There are certain types of accounts available for safekeeping—and some for potential growth—of your valued assets. The type of account you select depends on your individual needs and circumstances, as well as your desired long-term objectives and tolerance for risk. The following information provides an overview of the security of some of the types of financial accounts that are available.

Trust and fiduciary accounts

Assets held by Wilmington Trust and M&T Bank entities in trust and fiduciary accounts, other than cash, are not considered assets or liabilities of Wilmington Trust and M&T Bank; they are owned by the individuals or entities for whose benefit we are acting as a trustee or fiduciary. While we may provide investment management, administration, and other services for the account, the assets belong to the client. Trust and fiduciary assets are segregated from Wilmington Trust and M&T Bank's assets and are not subject to the claims of third-party creditors of Wilmington Trust and M&T Bank. Non-cash assets include, but are not limited to, balances held in mutual funds, securities, bonds, annuities, limited partnership interests, and life insurance policies. These types of investment products are not insured by the FDIC. Cash held on behalf of Wilmington Trust and M&T Bank clients is covered by Federal Deposit Insurance Corporation (FDIC) insurance up to current FDIC insurance limits, as more fully detailed below.

Custody accounts

Securities and other assets, other than cash, that are held by Wilmington Trust and M&T Bank entities for safekeeping in custody accounts are not considered assets or liabilities of Wilmington Trust and M&T Bank and cannot be reached by any creditors of the institution. The assets remain the property of the owner, whether they are registered in an individual's name, Wilmington Trust or M&T Bank's name, or in nominee name. We simply act as custodian, holding such assets on the client's behalf and performing duties such as collecting dividends and interest, and others, at the direction of the client. Cash held on behalf of Wilmington Trust and M&T Bank clients in custody accounts is covered by FDIC insurance up to current FDIC insurance limits, as more fully detailed below.

Continued

Brokerage accounts

Generally, “securities” that are held by a broker-dealer are protected under the Securities Investor Protection Corporation (SIPC); those few that are not protected by SIPC must disclose this fact to their customers. The Securities Investor Protection Act defines “securities” for purposes of SIPC coverage, but generally includes stocks, bonds (including municipal bonds), mutual funds (including money market mutual funds), brokered certificates of deposit, and in certain situations, variable annuities. SIPC covers up to \$500,000 per unique customer (determined by tax ID), up to \$250,000 of which can be cash. In addition, many broker-dealers maintains excess of SIPC protection for assets that exceed current SIPC limits.

Of note, SIPC coverage and excess SIPC coverage do not cover a decline in the market value of a client’s investments. They provide coverage in the unlikely circumstance that a broker-dealer is being liquidated under the Securities Investor Protection Act. An excess SIPC claim would only arise if a broker-dealer failed financially and client assets for covered accounts—as defined by the SIPC—cannot be located due to theft, misplacement, destruction, burglary, robbery, embezzlement, abstraction, failure to obtain or maintain possession or control of client securities, or to maintain the special reserve bank account required by applicable rules. Additionally, these protections do not cover limited partnerships and other securities, such as hedge funds, private equity, Delaware business trusts, and other alternative interests. For more information on details and limitations on SIPC’s coverage, please visit the SIPC website at sipc.org.

Deposit accounts and cash held by M&T bank

Deposit accounts (including checking, savings, certificates of deposit, and uninvested cash held as trust demand deposits) that a client may have are covered by FDIC insurance up to \$250,000 per depositor, per FDIC insured bank, per FDIC ownership category. Deposits held in different FDIC ownership categories are separately insured, up to at least \$250,000, even if held at the same bank.

Funds in deposit accounts that are in excess of FDIC insurance limits are considered liabilities of M&T Bank and would be subject to the claims of M&T Bank’s creditors. As always, the FDIC does not insure investments nor does it cover losses in principal value of assets held in stocks, bonds, mutual funds, life insurance policies, annuities, municipal bonds, or other investments. For more information and limitations on FDIC coverage, please visit the FDIC website at fdic.gov.

Financial strength of Wilmington Trust and M&T Bank

During times of turmoil it is critical to have confidence in your firm. As a member of the M&T corporate family, Wilmington Trust is part of an organization that has historically separated itself from the rest when times are challenging. As one of only two banks in the S&P 500 index that did not cut their dividend during the 2008 financial crisis, M&T gives you confidence that you are working with a firm that has been standing strong through times both good and bad for 165 years.

¹ Assets under management data are calculated in the aggregate, and include assets managed by various Wilmington Trust entities, including M&T Bank, Wilmington Trust Company, Wilmington Trust, N.A., Wilmington Trust Investment Advisors, Inc., Wilmington Funds Management Corporation, and Wilmington Trust Investment Management, LLC.

² Wilmington Trust traces its roots to the founding of Wilmington Trust Company in 1903.

³ S&P Global Market Intelligence as of December 31, 2022. Methodology excludes subsidiaries of foreign bank parents, investment banks, credit card companies, insurance company subsidiaries, brokers, and asset managers.

This document is not designed or intended to provide financial, tax, legal, accounting, or other professional advice since such advice always requires consideration of individual circumstances. If professional advice is needed, the services of a professional advisor should be sought. This document is for informational purposes only; it is not intended as a recommendation, offer, or solicitation with respect to the purchase or sale of any security.

Investment products are not insured by the FDIC or any other governmental agency, are not deposits of or other obligations of or guaranteed by Wilmington Trust, M&T Bank, or any other bank or entity, and are subject to risks, including a possible loss of the principal amount invested.

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M&T Bank Corporation is a financial holding company headquartered in Buffalo, New York. M&T's affiliates offer advice, guidance, expertise and solutions across the entire financial spectrum, combining M&T Bank's traditional banking services with the wealth management and institutional capabilities offered by Wilmington Trust. M&T Bank has a network of over 1,000 branches and 2,200 ATMs that span 12 states from Maine to Virginia and Washington, D.C.



A Bank for communities

For more than 165 years, M&T has strived to take an active role in our communities and build long-lasting relationships with our customers. We are a bank for communities – combining the capabilities of a large bank with the care of a locally focused institution. Our purpose is to make a difference in people's lives and uplift the communities we serve.

National and international reach

Through the combination of our traditional banking business, suite of specialty businesses and Wilmington Trust teams, our reach extends across the country and internationally. It allows us to be a bank for communities that can do more for its customers – pairing the capabilities of a big bank with the care and empathy of a locally focused institution.

M&T Highlights:

- **Top 15 Bank.** One of the 15 largest U.S. based, commercial bank holding companies¹
- **Strong Core Deposit Base.** M&T has a community-focused business model with a strong, well-diversified core deposit base, with no crypto deposits
- **Diverse Core Deposit Base.** M&T has a diversified mix of customers across a breadth of geographies with no significant concentration in any particular area
- **Strong Liquidity Position.** (meaning M&T has the ability to meet depositors' needs for cash). As of 12/31/22, M&T had \$25 billion in cash, representing 13% of total assets, compared to 5% for the median peer* banks
- **Strong Core Capital.** M&T consistently maintains strong capital positions with capital levels significantly higher than regulatory requirements
 - M&T's Common Equity Tier 1 ratio of 10.4%, a measure used to assess a bank's safety and soundness, is the highest in our peer* group—a phenomenon driven by our robust ability to generate capital
- **Strong Core Earnings Power.** (profitability). Our high level of core earnings is evidenced by our ability to be profitable over 186 consecutive quarters
- **#1 or #2 SBA Lender** in most of our larger communities, and Top 10 SBA lender nationally since 2009²
- **Highest Possible Community Reinvestment Act Rating** awarded by the Federal Reserve Bank of New York on every exam since 1982

M&T by the numbers

M&T Bank	(Data as of 12/31/22)
Total Assets	\$201 billion
Total Deposits	\$164 billion
Total Loan and Leases	\$132 billion
Total Shareholders' Equity	\$25 billion
Loans to Deposits	80.5%
Branches	Over 1,000
ATMs	Over 2,220
Customers	~5.2 million
Employees	22,000+
Charitable Contributions	\$47 million to more than 3,400 non-profit organizations

Credit Ratings

M&T Bank Corporation	Moody's Investor Service	S&P Global Ratings	Fitch Ratings	DBRS
Long-term Issuer / Senior Debt Rating	A3	BBB+	A	A (high)
Manufacturers & Traders Trust Company				
Long-term Deposit Rating	Aa3	A-	A+	AA (low)
Short-term Deposit Rating	P-1	A-2	F1	R-1 (middle)

Credit Ratings were last updated on November 22, 2022.

For further details on financial information and credit ratings for M&T Bank, please visit our Investor Relations website: <https://ir.mtb.com/>



* Peer group data can be found in our 2023 Proxy Statement: <https://ir.mtb.com/financial-information/annual-reports>

1 Based on total assets, excluding certain non-U.S. bank holding companies and non-commercial banks

2 According to statistics released by the U.S. Small Business Administration (SBA) for total approved loans through the SBA's 7(a) lending program during the federal fiscal year ending 9/30/2022

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Greater Tompkins County Municipal Health Insurance Consortium

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Headquarters: 215 N. Tioga Street, Ithaca, NY 14850

www.healthconsortium.net • consortium@tompkins-co.org

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

RESOLUTION NO.XXX – 2023 – GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM UPDATE TO SUBCOMMITTEES FOR VIDEOCONFERENCING AND REQUIRED ATTENDANCE OF OPEN MEETINGS LAW PROCEDURES FOR THE CONSORTIUM'S BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE

WHEREAS, On April 9, 2022, Governor Hochul signed Chapter 56 of the Laws of 2022 relating to the New York State budget for the 2022-2023 state fiscal year. Included in the bill is an amendment to the Open Meetings Law (OML) to make (semi) permanent (until July 1, 2024) the expanded use of videoconferencing by public bodies to conduct open meetings, under extraordinary circumstances, regardless of a declaration of emergency, and

WHEREAS, the Greater Tompkins County Municipal Health Insurance Consortium adopted resolution no. 005 – 2022 - Adoption of Open Meetings Law Procedures for the Consortium's Board of Directors and Committees indicating the Consortium shall allow members to attend remotely via an established satellite location with participation counting towards quorum and adopted procedures for members attending remote meetings, and

WHEREAS, the GTCMHIC consists of 60 municipalities within the State of New York within a 90 mile radius and anticipates yearly growth, and

WHEREAS, due to a wide mile radius, travel time limits the availability of Committee members for Committee Meetings and the Consortium struggles to form a quorum for Standing Committees of the GTCMHIC. These subcommittees of the GTCMHIC include: Joint Committee on Plan Structure and Design, Operations, Audit and Finance, Claims and Appeals, and Nominations & Engagement, and

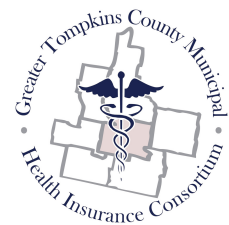
WHEREAS, The Executive Committee recognizes the need to reduce the restrictions of the "extraordinary circumstances", and allow GTCMHIC subcommittee members belonging to municipality locations that requires several miles of travel, to attend via videoconferencing, and

WHEREAS the Executive Committee recommends and carries the importance that the Executive Committee and Board of Directors Meetings must continue the "extraordinary circumstance" that excuses a member from in-person participation to allow for voting, discussion, and Board Meetings of such individuals, therefore now be it,

RESOLVED, on recommendation of the Executive Committee, to hereby adopt the full use of videoconferencing for meetings of the Consortium's subcommittees to establish quorum and abolishes the rules set in Subdivision (c) of section 103 of the Public Officers Law to solely videoconference due to an "extraordinary circumstance." and,

RESOLVED FURTHER that the GTCMHIC will continue to allow Executive Committee members and Board of Director Members remote attendance to count for quorum only via an established satellite location, with the following criteria being met: a satellite location must provide notice of the publicly accessible location from which they will attend as soon as possible but no later than within 48 hours of the meeting for posting on the Consortium's website. Members attending remotely from a publicly accessible location where proper notice has been given will be counted towards quorum.

* * * * *



New Plan Addition Form

MUNICIPALITY NAME:

Phone

Email

EFFECTIVE DATE OF NEW PLAN IMPLEMENTATION

The least problematic effective date is January 1st of the upcoming year. Excellus requires a 90 day notice of plan changes to your group structure. Any member movement not on January 1st restarts deductibles and maximum out of pocket accumulations.

☐

January 1st

☐

Other, _____

NEW PLAN SELECTION

GTCMHIC Plan Coverage Selection:

☐

Platinum

☐

Medicare Supplement MS3

☐

Gold

☐

Medicare Supplement MS4

☐

Silver

☐

Other, _____

☐

Bronze

☐

Other, _____

Is this plan addition part of a union contract?

☐

No

☐

Yes

If yes, what union group(s)? Attach new union contract.

Do you need a mass movement (5 or more employees) to the new plan effective on the first?

☐

No

☐

Yes, Provide Subgroup

If yes, we will provide a roster to verify all employees who will be moved.

Is the new plan an additional plan option or mandated enrollment?

☐

No

☐

Yes

Does your municipality offer an FSA / HRA / HSA ? Circle All that apply

Amount Employer Sponsors

Signature

Date

Print Name

Title

Additional Documentation: Resolution passed by the municipality's governing body OR a written documentation from your governing leader stating plan addition approval.

All documentation is due no later than October 15th. This helps ensure that all employees will receive their new insurance cards before January 1st.