

SECOND TAXING DISTRICT COMMISSIONERS

Special Meeting Minutes
November 27, 2017

Present:	David Westmoreland Maria Borges-Lopez Mary Geake Mary Mann Sandra Stokes Martha Wooten-Dumas	Chairperson Vice Chairperson
Absent:	Harold Bonnet	
Also Present:	Paul Yatcko Lisa Roland Mike Sutton	General Manager District Clerk Benefit Planning Services, LLC
Public Present:	None	

The meeting was recorded in its entirety.

Call To Order:

Commissioner Westmoreland called the Special Meeting of The Second Taxing District to order at 6:30 p.m. on Monday, November 27, 2017. The meeting was held at South Norwalk Electric and Water, One State Street, Norwalk, Connecticut.

REGULAR AGENDA

1. Health Insurance Marketplace Review

The Commissioners met on this subject again tonight due to a network issue with the ConnectiCare plan previously approved on November 14th, 2017.

ConnectiCare has two product lines – Choice and Flex. The previously approved plan was a ConnectiCare Choice plan which offered better premium pricing, but whose network is limited to Connecticut, Massachusetts and parts of New York. Because the Employee Manual states that retirees must receive the same medical coverage as employees, and one retiree lives outside the Choice plan network, the Choice plan was subsequently disqualified. In addition, a former employee electing COBRA coverage has also moved out of network, but the Commission did not feel obligated to anyone electing COBRA coverage.

Mike Sutton of Benefit Planning Services went back to ConnectiCare for bids on plan option(s) with a national network. The insurance carrier provided two Flex plan options.

For comparison purposes, Mike Sutton presented the Commissioners with tables showing the costs of the current Anthem plan renewal, the previously chosen

ConnectiCare Choice plan, two new choices from the ConnectiCare Flex product line, HSA funding options, and employee out of pocket data.

One of the Flex plan options prescribes a lower deductible [than the Choice plan] at \$3500/\$7000, higher maximum out of pocket costs, and, similar to the current Anthem plan, co-pays after the deductible is met. The premium for this plan came in a little over 3% less than the premium for the current [Anthem] plan. Assuming the District funds HSAs at the maximum allowed for 2018 (\$3450 for single, \$6900 for family), the cost increased from [Choice plan's] \$1.04 million to \$1.066 million.

The other Flex plan prescribes an even higher deductible (\$5000 single/\$10,000 family) and would save the District \$52,000 over the current plan assuming the District funds HSAs at the 2018 maximum levels of \$3450/\$6900. The out of pocket is slightly better than the \$3500/\$7000 Flex plan's, and again co-pays apply after the deductible. Commissioner Borges-Lopez felt the deductible for this plan was too high to consider.

Commissioner Westmoreland asked if the District was required to offer retirees in-network coverage wherever they chose to live. If the District were to choose the Choice plan, anyone living outside the area would have to go out of network and be responsible for the associated higher costs. The Commissioners discussed changing the Employee Manual so as to preclude the District's potential liability in offering a medical plan with only regional area coverage.

The Commissioners further discussed eliminating funding of HSAs all together and possibly going to an HRA plan instead. An HRA or Health Reimbursement Account would require the employee to pay for medical services out of pocket first, and then submit a claim for reimbursement. The cap on reimbursement would be a figure for the Commission to decide upon in the future. It could be up to the plan's deductible amount or something lower. Reimbursement for medical claims would work similarly to how vision and dental expense reimbursements work now. A claim administrator would be required to review the claims.

In light of the impending Union vote, the Commission put off a decision on HRA versus HSA for the 2019 medical plan year, but acknowledged that the level of funding or reimbursement to be made by the District will continue to decrease as health care costs continue to increase.

Commissioner Borges-Lopez motioned to accept the \$3500/\$7000 ConnectiCare Flex plan, with HSA funding capped at \$3000/\$6000 for the 2018 plan year and deposited in quarterly installments. Commissioner Wooten-Dumas seconded.

The motion passed unanimously.

(2017-11-27-1)

Adjournment

Commissioner Borges-Lopez moved to adjourn. Commissioner Geake seconded.

The meeting adjourned at 7:00 p.m.

Attest:

Lisa G. Roland
District Clerk