SECOND TAXING DISTRICT COMMISSIONERS

Regular Meeting Minutes
December 18, 2012

Present:	Mary Burgess	Chairperson
	Maria Borges-Lopez	
	Mary Geake	
	Mary Mann	
Also Present:	John M. Hiscock	General Manager
	Lisa Roland	District Clerk
Absent:	Al Ayme	Vice Chairperson
	Sherelle Harris	
	César Ramirez	
Public Present:	None	

Call To Order:

Commissioner Burgess called the Regular Meeting of The Second Taxing District Commissioners to order at 7:00 p.m. on Tuesday, December 18, 2012. The meeting was held at South Norwalk Electric and Water, One State Street, Norwalk, Connecticut.

Acceptance of the Minutes:

Commissioner Burgess: "I will call the Second Taxing District Commissioner Regular Meeting to order for Tuesday, December 18, 2012 at 7:00 p.m. And I need a motion to accept the four sets of minutes."

Commissioner Borges-Lopez: "I will make a motion to accept the Appeals Meeting Minutes of November 13th, the Regular Meeting Minutes of November 13th, Special Meeting Minutes of November 20, 2012 and Special Meeting Minutes of December 13, 2012."

Commissioner Burgess: "Is there a second?"

Mr. Hiscock: "There is one correction that is necessary. The Special Meeting of December 13th is a Special Electors Meeting."

Commissioner Borges-Lopez: "Ok."

Mr. Hiscock: "That is my fault for not catching it."

Commissioner Burgess: "Is there a second?"

Commissioner Geake: "I will second it."

Commissioner Burgess: "All in favor?"

Commissioners Unanimously: "Aye [with corrections]."

Commissioner Burgess: "We have no public participation."

Commissioner Borges-Lopez: "You have one here. I would like to make a comment under that section."

Commissioner Burgess: "Ok."

Commissioner Borges-Lopez: "And I would like to ask about the letter that was addressed to all the Commissioners from the Norwalk Senior Center and it appears that it never made it to the agenda and I know no response was given either to the Norwalk Senior Center."

Commissioner Burgess: "I don't know anything about it."

Commissioner Borges-Lopez: "I am sorry?"

Commissioner Burgess: "I know nothing about it, does John?" [Directed to John Hiscock]

John Hiscock: "I presumed it was sent out to the whole board."

Commissioner Geake: "I got it."

Commissioner Mann: "Yes, it was sent to the Board. Well I got it at home."

Commissioner Geake: "I got it at home."

John Hiscock: "Ok."

Commissioner Borges-Lopez: "So is that letter going to be entertained for the agenda so that it could be addressed whether it is a vote up or down, so a response can be sent to the Norwalk Senior Center?"

Commissioner Burgess: "I didn't get that letter."

Commissioner Borges-Lopez: "I am sorry?"

Commissioner Burgess: "I didn't get that letter."

Commissioner Borges-Lopez: "Ok, so…"

Commissioner Mann: "Can we place it on the agenda for the next meeting?"

John Hiscock: "Yes, if the Chairman wishes to place it there. Yes, it is up to the Chairman but yes it could be placed."

Commissioner Burgess: "Fine."

John Hiscock: "Ok."

Commissioner Borges-Lopez: "Thank you."

John Hiscock: "I will get you a copy." [Directed to Commissioner Burgess]

CONSENT AGENDA

Commissioner Burgess: "Ok. Thank you. Now the Consent Agenda. A motion to approve the consent agenda, to ratify the Appeals Committee decision."

Commissioner Geake: "I make a motion on the Consent Agenda. I approve."

Commissioner Burgess: "Ok is there a second?"

Commissioner Mann: "I will second."

Commissioner Burgess: "No discussion on this."

Commissioner Borges-Lopez: "I am sorry?"

Commissioner Burgess: "Any discussion on this?"

Commissioner Borges-Lopez: "No."

Commissioner Burgess: "All in favor?"

Commissioners Unanimously: "Aye."

Commissioner Burgess: "Alright. The monthly meeting schedule."

John Hiscock: "Oh, the way I had crafted the agenda that the two monthly meeting schedules and the holiday schedule be part of consent but we can pull them off and talk about them."

Commissioner Burgess: "We don't have to."

John Hiscock: "Ok. Alright."

REGULAR AGENDA

Commissioner Burgess: "Ok we are down to the Regular Agenda. The Employee Health Insurance Plan."

John Hiscock: "Ok, under tab 7 in your book we have the Employee Health Insurance Plan information along with a memorandum from me to the Commission speaking about the situation and I am certain you had the opportunity to read it. Basically, what it says in a sort of a brief description is that if we leave the current plan in place the additional cost to the department would be $40,028; a 4% increase. And if you look at the current plan table on the second page of the memorandum you will see that the retiree med/sup did not change. Retiree prescription changed by 5%, the monthly medical and prescription for employees changed by 4.5% and that's for medical and the HSA funding is constant because we set the HSA funding. At prior meetings there have been some discussions about what could or could not be done with respect to lowering the bill and the costs. I gave you a series of comments with potential savings and if possible an actual cost. I listed each of the fairly quick things that could be done to lower the department's costs. I didn't make any recommendations I simply provided it as a list of the type of things that could be done. The problem is when you deal with this kind of an issue there is a whole myriad of things that can be done. So I went to the spreadsheet that is a little further back and you can see that there are certainly choices to change the plan so let's start at the left hand side with the current plan and it lays the current plan out and then we have the current premium and the renewal premium. And if you look at the bottom blue band under the renewal it says a percentage change of 4.5% and if you look at the overall change at the bottom its 3.6%. The reason it drops to 3.6% is simply because the HSA funding is set up at the deductible level and it's a fixed amount based on the plan that we've chosen and therefore that is a constant so it essentially says that the program increases by 3.6%. It is just the statistics however you decide to look at it and do the math but the real number is plain and simple on the previous page, which is the health plan essentially increases by $35,000 or so. The exact numbers are in the narrative. So, that is the issue. Well, how did we deal with it? First of all we met three times with the agent and originally Oxford claimed they wanted a 10.5% and I guess they always open with a big number and then we always argue and they always work it down. They came down to a lower number, not a great number, but a lower number for us. At one point I sent the agent back to talk to them and tell them that it was simply unacceptable. That wasn't going to work. The leverage we had was, if you look at the vertical skinny divider in the middle of the page and look immediately to the right under the heading Cigna, you will see a plan virtually identical to our existing plan except in one area, with respect to the coinsurance limits. However, the coinsurance limit doesn't really affect the plan because it's a 100/0. The Cigna plan was 0.7% higher, slightly under 1% higher than the existing plan. We basically went back to Oxford and said it isn't going to happen at the rate they quoted us because we are talking about a significant amount of money and as painful as it is to change plans from one carrier to the other because the employees get kind of unhappy. Every once in a while you get somebody who's doctor is not in the other plan. We have been with Oxford a long time. We went with Oxford for cost savings a long time ago. We went to Oxford with a little bit of pain, at the same time the doctor's were abandoning Oxford because they had a bad reputation. It has all changed. I don't get any complaints from employees about Oxford. In fact, Oxford apparently now seems to be one of the more responsible companies. They have changed their structure around; they have merged with United Healthcare. Right now I have not received a complaint from an employee in years about Oxford. So I gave some consideration to that painful move from one carrier to another to save money. We could save some of the $35,000 increase, in fact a significant portion of the $35,000 by changing plans. Is it worth the aggravation? $35,000 is certainly a lot of money. There is no doubt about it. I don't think it is worth it although healthcare is changing so much, it is very hard to determine where it is going in the future and if we change to Cigna we have no idea what is going to happen the following year. So I am really uncomfortable with changing plans, creating unhappiness until they get used to the new plan and the new system, until we see where healthcare is going in general. It is kind of one of those feelings. It is not a firm, solid, factual lay the numbers out feeling, it's more of dealing with health insurance for the employees over a long time; it is an issue. Other things that we could do obviously…"

Commissioner Mann: "I have a question."

John Hiscock: "Please, ask questions as we go along."

Commissioner Mann: "Do our employees contribute anything towards their healthcare?"

John Hiscock: "Zero."

Commissioner Mann: "Why not?"

John Hiscock: "They have never contributed to their health plan and I am not saying this is a reason, I am simply indicating to you that they have never, ever contributed to their health plan in the 41 years I have been employed here. Not only don't they contribute to their health plan for themselves, they don't contribute for their family either. This is very, very, very rich. It is the only way you can describe this."

Commissioner Mann: "Yes it is."

John Hiscock: "It is an extraordinarily rich plan."

Commissioner Mann: "Wow."

John Hiscock: "Yes it is a wow; I am not going to say to you its not."

Commissioner Mann: "Well, when I was reading the materials, I saw some of the ways we could make some cost savings efforts to have the employees contribute. I don't think there are very many organizations or companies around that employees don't contribute towards their health benefits and I think it is something we might want to look into."

John Hiscock: "And that is why I gave you the list of possibilities. That becomes a policy decision. And there is no doubt about that. It is strictly a policy decision and that is fine, we can all talk about that. And there are several ways to do it. Companies do all sorts of things. Some companies pay for the employee and then if you add to it, you pay a portion of it. Others require you to pay a percentage of whatever plan you have; that is one. Another methodology that I mentioned would be to change the HSA funding limit which essentially creates a higher deductible for the employee as opposed to paying."

Commissioner Borges-Lopez: "One moment."

John Hiscock: "Go ahead."

Commissioner Borges-Lopez: "Normally with an HSA the premium is much lower than a traditional plan. So I think what needs to be analyzed as well is the HSA, if the premium is lower what is the difference between the HSA and the higher plan, the traditional plan because that way we would be fair to both employees. You know you are paying a higher premium anyway for the ones with nothing in their HSA and then if you cause the ones without an HSA to contribute to the deductible; I think we need to look at this a little more in more detail. You can always perhaps have a base plan like the HSA being a base plan and then the other plan being a buy up plan. There are many ways to work it."

John Hiscock: "Yes."

Commissioner Borges-Lopez: "I don't think we can really make a decision here tonight by just looking at this. That is what I am trying to say. At least I wouldn't be able to because I would rather look at everything individually, what is the premium for the high plan or for the traditional plan, what is the premium for the HSA and what it is really costing."

John Hiscock: "Yes, it always becomes difficult when you try to deal with this. We started in October and met with the agent and we couldn't get quotes and we have four different plans and carriers depending on whether you are a retiree or you are not a retiree and they came in at different times and we worked with Oxford on three go rounds to try to get the price down. That is a possibility that we could have more than one and then buy up, that is certainly a methodology. The other is we could convert it to an HRA. The savings are huge. Do you understand the difference between the HSA and an HRA?"

Commissioner Mann: "I don't."

John Hiscock: "In the HSA the deductible, or the way we have been doing it, is that we set the funding that the company pays, which amounts to $190,000. We set the funding equal to the deductible, something insurance companies don't like us to do because it basically, from their perspective, diminishes the value of the HSA. And we give the employee during the first week in January that full amount. It goes into their HSA bank, which they can use in accordance with the IRS rules. They can use it to pay their deductibles and they can use it to pay any prescription co-pays or any other things and they get to keep whatever is left into this accumulating account. The accumulating account can always be used under the rules, current rules and I don't know how they changed them but under the current rules, meaning the IRS rules, in future years this additional money can be used for future health expenses. I am not sure what the affect of using them in essence to pay a reimbursable portion of the premium; that is a possibility. But in essence, once you give the employee the money it is theirs. If they quit the next day it is there's. We don't get the money back. Our employees generally don't do those kinds of things. Our employees, once they have been here a couple of years, they are here for a long time unless there is something that drastically changes in their work habits or they find a better position elsewhere. In the HRA, the insurance plan is identical, there is no difference, but when the statement comes from the insurance company there is a deductible on it and it's something that you pay. You would than take that which you would pay and you would pay it and then you would take that and make a claim to the administrator of the plan and then they pay you. Whatever is left over at the end of the year the company doesn't expend and the employee gets none of it. That is basically the difference. There are a few subtleties. Who gets the money? For the most part it goes to the employee. There is an administration charge to the administrator of the plan and in this case we would undoubtedly use Benefit Planning because they manage other self insurances to avoid the HIPPA disclosure issues, so we use them for that. So they would get an amount. I have indicated in here potentially a 25% savings. The last sentence of the large bullet, 'the generally recognized savings between the HSA and the HRA at the cost to the administration amounts to about 25%'. Now, that is not a guarantee. That is simply a statement based on the insurance standards and statistics for groups. The source of that number is from Benefit Planning, it was not my information. I asked the agent about that and we talked a little bit about it last year. There are other things that certainly could be done, outside of the realm of the medical. We have vision care and that really doesn't amount to much, it is about $300 per person with glasses per year, so there is no big savings there. So I don't want to purport it to be, there is not. Dental is a bigger savings. Right now we self-insure dental and we self-insure dental because it is less expensive to self-insure the dental than it is to have an insurance plan. However, we use the customary 100% preventative, 85% restorative and 50% for major procedures, crown, root canals; those kinds of things. Some root canals are paid by medical but I really don't know the difference as to who gets paid which way."

Commissioner Borges-Lopez: "So a root canal is paid at 50%?"

John Hiscock: "Yes. Those are big numbers for those of you who have ever been through the agony of either a root canal or a crown, and I have had a few. They are, on the bottom end of the spectrum about $1,200 and in the upper end of the spectrum about $1,800. That is the general range. There is some out-of-pocket for dental for the employees other than routine."

Commissioner Mann: "But, am I the only one that seems a little concerned about a $40,000 increase?"

John Hiscock: "No. This was expressed last year at this same meeting and I was trying very definitely to have this information for you at the November meeting and I could not get the information from Oxford in a timely fashion. It was down to the wire, the usual arrangements between Oxford trying to figure out how much they could get away with before we went elsewhere. And that is about what this business is like. It is not a terribly transparent business to say the least. So no you are not the only one who has expressed concern. There are many ways to deal with it. We could simply say ok we will pay the premium we paid last year and the increase is on the employees. That is not a big contribution by any means. That is a very low contribution. To give you an example, if you look at a single employee, under the current plan and the renewal, it is $35.00 a month for a single. It's $55.00 for employee plus a spouse, approximately $53.00 for an employee plus a child, which is basically the same for an employee, plus a spouse and its only $73.00 per month for a family. It is a fairly small number. If you look at it, it is under a 5% contribution. It is about a 3-4% contribution. So it is not a big one to do it that way and that would totally mitigate the increase. We would end up having to do the same, now this is what makes it a little bit more complex but not difficult, we can always work it out. If you look at the retiree prescription, it has gone up by 5%. So, if we simply set the contribution at

5%, the retiree and the employee would generally be the same. We have a thing in the employee manual that says continuation of benefits is something that is guaranteed to a significant number of the employees based on the year they started. I think you all remember that. 1991 for people who started in the water utility, 2001 or 2002 for those who started in the electric utility and there is some proration for some of the electric employees. After that there is none. It is completely gone. And I have had discussions with legal counsel about this and how do you deal with it, and it is always a difficult situation when you deal with retirees as to what to do and not do. And when do you get to the spring point where you run into trouble? Generally, if you try to compare the plans and make them comparable, counsel is comfortable with that. There is a section of the Employee Manual that goes on to say no matter what the plan was and I am paraphrasing no matter what the plan was when the employee retired in no case will a retiree get a better plan than a current employee. So that sort of matches that up and that is what counsel uses to hang their hat on to allow us to change the retiree plan. Otherwise we have a legal issue. So that is where we are at."

Commissioner Borges-Lopez: "Do you know what percentage of employees you have on the HSA plan?"

John Hiscock: "They are all on the HSA."

Commissioner Borges-Lopez: "All of the employees?"

John Hiscock: "Every one of the employees are on the HSA."

Commissioner Borges-Lopez: "Oh, ok."

John Hiscock: "I think you need to understand how we got there. We got to the HSA the year after it was approved by the Feds. We didn't do it the first year, we were facing a huge premium increase on the standard plan that we all had. You know small deductible, small co-pay, the basic standard indemnity that we all had for years. Off the top of my head, there were deductibles of $100, $200, $300, $250 and co-pay. I don't even remember if the co-pay was 10% or not."

Commissioner Borges-Lopez: "That was the first year I was a Commissioner. Actually it was an $86,000 savings by going to an HSA. So I remember that quite well."

John Hiscock: "Right, we got the premium lowered after adding in the HSA. So you have to look at it as it was a migration so everybody migrated. We made them migrate there wasn't a choice. We made them migrate because it was a huge savings to the company."

Commissioner Borges-Lopez: "So you really have no traditional plan then. The traditional plan is mostly for the retirees, right?"

John Hiscock: "Well, there is a plan. I mean it is written out and it spells it out. There is a written plan and I sign off on the plan every year."

Commissioner Borges-Lopez: "So who is on that plan, just the retirees?"

John Hiscock: "On the other plan? The retirees under 65 are on our basic plan. The reason we have trouble with carriers is because we have enough retirees that some carriers, and you will see the list on the bottom, refuse to quote us because they have a limit to retirees."

Commissioner Mann: "Oh yes, I know that."

John Hiscock: "I never quite understood their reluctance because retirees are the same age as existing employees, but for some reason the insurance business has a reluctance to do that. I don't know why."

Commissioner Borges-Lopez: "You mean to…"

John Hiscock: "To cover retirees. In the beginning…"

Commissioner Borges-Lopez: "You are not saying under HSA you are just saying to cover them period."

John Hiscock: "Period. Whether it is an HSA or an indemnity or whatever it is. I remember in the beginning with Oxford we were counting employees. That is how bad it was. One year we went over by one and Oxford said ok, no harm, no foul. Usually we are under by one or two. I think recently it has gotten a little bit better because a lot of them have jumped to over 65. Now, the over 65 are in Medicare and we pay for the highest level Medicare supplement that there is. I think it is an F?"

Commissioner Borges-Lopez: "F, yes. It is the F."

John Hiscock: "And, in addition to that we pay for the retiree drug plan. And if you look at the drug plan, it matches fairly closely with the employee drug plan. It is a 15/25/40 plan, after the deductible. And I can give you an example as to how that works. And I don't mind doing this on the record, so I will give you my personal experience so you understand it. My wife has asthma and she uses inhalers. And one of her inhalers, she has three, one of her inhalers as an example costs $180.00 for thirty days and then once we get down to over the deductible in the plan, it drops to $40.00. So there are all sorts of combinations as to how it works out. But the plan for the retirees has the same 15/25/40 for prescriptions. So that is how we equate them and I know I have gone off on a tangent when we got to the HSA question but that is how we got to where we are. We got there because there was that savings you mentioned. Now, the only other thing you have to remember is we have a little bit of difficulty in the 2001 through 2004 timeframe because we had a partially unionized workforce and that unionized workforce had IBEW Health Insurance. We entered into a contract with them again with a big savings because the individuals who were pushing the union for what I would call wage improvements and benefit improvements, didn't seem to care much about the health plan and they agreed to a vastly inferior health plan which gave them a lot of aggravation and its probably one of the reasons they decertified the union. And they didn't say it that way but that is probably one of the reasons. So until 2004 we couldn't do anything. Then we had two disparate plans that didn't match, and remember we combined them into a single plan, and again what happens is that the employee got the best of both. So that is how we ended up where we are. Then it got expensive, than the HSA was the huge savings. So that is a little bit of history as to how we got to where we are today and why everybody is in the HSA."

Commissioner Mann: "Well my position at this stage is this. We are talking about a $40,000 increase in premiums and I am looking at it from the position that we just raised rates within our district and we as the taxpayers in this district are paying that. My position is, if we could move some of those costs, move that cost to our employees. It is not like our employees are underpaid."

John Hiscock: "No they are not."

Commissioner Mann: "I think that we should look into doing that."

John Hiscock: "And that is ok, but we either need to do it…ok, let's…a couple more details related to this so you really understand where we are. And this is a game plan to lay this out. If in fact we stay with the same insurance, in other words the same plan, the high-value deductible and this plan here, the current plan, there is no issue with the insurance company. They don't care where we collect the premiums from; they don't care what the funding level of the HSA is, other than they do not care, but they do care philosophically but they don't make any premium adjustments. They don't care if we manage this plan as an HRA because to them, they don't see the difference. The plan is the plan is the plan whether it is an HSA or an HRA. Now, if we don't adopt something by the 31st we are stuck with the current plan except with a 60-day notification to the employees. So, if we change that during the year, we would, and I can check with both counsel and the agent again to make sure because I don't want to tell you something and I have gone through it and discussed it, this is what has been relayed to me. We could make a change in the January meeting after looking at this in detail and then have it apply from sometime around April 1 going forward. That is a possibility. You can see there are so many options here that it is very hard for me to come in and say to the Commission that this is where we are and this is what we should do. If you gave me a target amount, I could deal with the target. If you told me that you want no increase and work it out, I could do that. You understand why I am having the discussion this way. So, those are options. I don't have a feel for where you want to go at this point. I think you have two choices. One you either set something tonight, actually you have three choices tonight. You either go forward with what we have and I am not suggesting that, don't take it as that is what I am telling you. You come up with a specific amount this evening either a percentage or some other thing and the two easiest ones are a percentage of the premium by the employee and/or capping it at last year's payment, or an equivalent amount off of the HSA, bottom line. Any one of those three will work. Or you simply approve the plan with Oxford and defer the decision as to how you are going to want the employees to make some sort of contribution to health care. And tell me than to come back with every possible choice and then you can debate it and talk about it in January, again, realizing it is April 1 before the cost savings could be realized."

Commissioner Mann: "Ok, my thought process would be number one to move forward with securing the current insurance coverage we have and to figure out how to have the employees assume the increase of $40,000."

John Hiscock: "Ok. If you wanted to limit it to that $40,000 for this year, you would simply approve the current plan and have the company pay the same premium under the same circumstances, well sort of, people change they get married, they get divorced, the kids get older, so in other words, take the dollar amounts here and simply pay the current amount. I mean current meaning this current year, and have the employees through a payroll deduction on a weekly basis pay the differential between the two of them. That would solve exactly what you said right here and now and leave it done for the year. You obviously always have the opportunity according to my understanding that I received to change it, after they have received sixty days notice. That is one course of action. The other to approve the Oxford plan, the high-deductible plan that is here and then make a decision in January as to what you want to do with respect to the employees again knowing it is only good starting April 1st. I don't care how you do this, you can wrap it up tonight by simply making the employees pay the differential and nothing else and approve the whole thing and it is a done deal and I notify the employees. The other choice is to approve the plan and wait until the January timeframe and then have to wait until April to implement the fee."

Commissioner Mann: "Increase."

John Hiscock: "Ok, I think those are the two choices you have tonight, if you are going in the direction that you are indicating. I am not negotiating with you. I am just supplying the information here."

Commissioner Mann: "How does everybody else feel about it?"

Commissioner Borges-Lopez: "Well, I will tell you how I feel about it. I particularly don't like to, well it is a 3.6% increase and it is $40,000, but I cannot justify increasing…making it a contributory plan to the employees when we are dispersing over $100,000 in donations out there. So, this is something I have mentioned before. I think if we are going to cut, we need to do it also fairly. I mean not only to the employees, everybody should get a cut. And that is why I am actually…it is only 3.6%. If it was 7, 8, or 9% I would have said yes let's do something about it. But it is 3.6% and that is not unreasonable. That is what I have seen in the market right now as an increase. I can't see having an expenditure that we have in donations and then have to increase the employees by $35.00 a month. That is my position."

Commissioner Mann: "Ok."

Commissioner Burgess: "I agree with Maria."

Commissioner Geake: "I do too. The problem is that I know that I have to pay more insurance money and I am sure everybody else is going to have to pay more insurance after the first of the year."

Commissioner Mann: "Absolutely."

Commissioner Geake: "So the economy is making it as such that everybody has to. We have people that have been employed with you [directed to John Hiscock] have been so fortunate that they don't have to worry about anything. And everybody should try to make it so that we not having to raise anymore rates or anything else."

Commissioner Mann: "Well I guess my thought would be first of all I don't think these insurance rates are going to decrease we are going to be faced with the same problem next year and the year after and on and on and on. I think it would be an easier adjustment to start saying to the employees to contribute $35.00 a month for an excellent health care plan. I would not have a problem with that."

Commissioner Borges-Lopez: "Actually let me tell you that at my company we switched from Oxford to Aetna and I am just throwing this as an example and the HSA, we had a decrease in the plan. It was $444.00 and now it is $339.00 for a single. So, it doesn't necessarily go up, it could go down as well."

Commissioner Mann: "If we switched companies."

Commissioner Borges-Lopez: "The issue that we have here and I think John has made it clear in the past, is that because of the retirees we have difficulty going out there and shopping, is that right?"

John Hiscock: "Yes."

Commissioner Mann: "Because not too many carriers are willing to carry our plan. That is actually the challenge that we have at the Second Taxing District."

John Hiscock: "And that really is the challenge that we have. Because we are only give or take depending on where we are with filled positions and things like that, 50 employees. The City of Norwalk goes out and bargains for health plans for thousands of employees so they have a little bit more leverage. And again, personally where my spouse works, tens of thousands employees and she is with Pepperidge Farm/Campbells and she has all sorts of things she can chose between. We don't have that leverage. We are in essence a nobody and we can't control where we are headed, they are controlling us and that is why we end up with this unfortunate problem. That is an issue."

Commissioner Borges-Lopez: "A challenge there."

John Hiscock: "It is."

Commissioner Borges-Lopez: "So, we need a motion."

John Hiscock: "Ok, I don't want to be in a position with no coverage. And I don't want to be in a position and I am not going to tell you how to do this, where we lose the premium that we have negotiated with Oxford. You could approve the Oxford plan as a renewal, as shown here, as a separate motion and then deal with the other issues in the second motion or you can have one motion and do it."

Commissioner Borges-Lopez: "So I will make a motion that we accept the renewal from Oxford as presented."

John Hiscock: "Now that doesn't speak to any of the employee issues or anything else."

Commissioner Borges-Lopez: "No it is strictly to just accept the renewal."

John Hiscock: "It is to accept the actual plan that Oxford has offered to us."

Commissioner Borges-Lopez: "For the existing plan, the renewal."

Commissioner Geake: "I guess I will second it."

Commissioner Burgess: "Ok, any more discussion on it? All in favor?"

Commissioners Unanimously: "Aye"

John Hiscock: "We all voted?"

Commissioner Mann: "Yes."

John Hiscock: "I am sorry I was looking down, not paying attention, sorry. Ok, now you have to deal with the employee portion of this. How are we going to deal with that? And again, you have the choice of doing something this evening, fairly simplistic or you have the choice of deferring it for a more formal January presentation with an April 1 implementation. Either way, I have heard what you have all said so I am going to be quiet now."

Commissioner Burgess: "Personally, I would prefer to do it in January so that there are more of us here when dealing with employees."

Commissioner Mann: "So you would like to defer further discussion until the January meeting?"

Commissioner Burgess: "I would like to."

John Hiscock: "I am ambivalent here. I am not a voting person. I am strictly ambivalent about this issue."

Commissioner Burgess: "Well, are there any more motions forthcoming?"

Commissioner Geake: "No."

Commissioner Mann: "If that is the motion, I will second it."

Commissioner Borges-Lopez: "Who made the motion? You made the motion?" [Directed to Commissioner Burgess]

Commissioner Burgess: "Well, there is no motion right now. I just said I would prefer to discuss it when there is a whole Commission here."

Commissioner Borges-Lopez: "That is what I wanted to clarify."

John Hiscock: "It would be helpful to me and not from a selfish perspective but it might be better to make that a motion to, but the Chair is undoubtedly not going to make a motion that leaves the three of you left."

Commissioner Mann: "Oh, I will make the motion that we defer from further discussions in regards to employee contributions for our January meeting."

Commissioner Burgess: "is there a second?"

Commissioner Geake: "I will second it."

Commissioner Burgess: "Any discussion? All in favor?"

Commissioners Unanimously: "Aye."

Commissioner Borges-Lopez: "Oppose."

Commissioner Mann: "The motion carries."

Commissioner Geake: "I make a motion that we adjourn."

Commissioner Burgess: "Ok, all in favor?"

Commissioners Unanimously: "Aye."

Adjournment:

The meeting adjourned at 7:45 p.m.

Attest:

Lisa Roland
District Clerk