

# DRAFT

## MINUTES

### **Sanbornton Health Insurance Study Committee (HISC)**

**Meeting Date and Time:** Wednesday, July 24, 2019 at 2:00 PM

**Meeting place:** Meeting room, Sanbornton Town Offices

Vice Chair Dexter called the meeting to order at 2:00 PM

#### **Roll Call**

Regular members present: Paul Dexter (Employee Rep.), Julie Lonergan (Employee Rep.), Ray Masse (Citizen Rep.).

Regular members absent: Jim Dick (Citizen Rep), Tom Salatiello (Selectmen's Rep), Budget Committee Rep

(Note: The Budget Committee in regular meeting appointed Craig Weissman as the representative to the Committee. He subsequently sent an email to the Board of Selectmen stating that he would not serve on the Committee. To date, the Budget Committee has not met to appoint an alternate representative. The Budget Committee position remains open until they select a member to participate.)

**Other present at the meeting:** David Salois (Member Relations Representative – *"HealthTrust"*), Candace Schaefer (Benefits Advisor – *"HealthTrust"*)

#### **New Business**

- a. Paul Dexter notified the committee that the minutes were not ready from the last meeting due to the absence of the Chair Jim Dick and that we had guests to meet with we would table acceptance of the minutes until our next meeting.
- b. Paul Dexter welcomed David Salois and Candace Schaefer to Sanbornton and explained that the Town is looking for options regarding the town's Health Insurance coverage that is offered to the employees.
- c. David Salois started by introducing their organization and explaining the different types of service they can provide, Ray Masse explained that in all fairness, the Town has been made an offer to early renew our current coverage with a new renewal date of August 1 with a savings in dollars and the Board of Selectmen are meeting this evening to vote on the renewal. But that does not preclude the Town from changing to a different vendor at a later date.
- d. Candace Schaefer explained the group plans and the cost associated with each plan (attached is the group plans and monthly cost), one item that stuck out with

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*“HealthTrust”* was that the monthly plan costs for *single*, *2-person* and *family* was that the cost of the plan is fixed. Under the current coverage (Harvard Pilgrim), each plan participate is charged by age of the participant so each plan can vary in cost.

e. There was no discussion of a next meeting.

A motion was made you Paul Dexter to adjourn the meeting, seconded by Ray Masse. The motion passed unanimously.

**Meeting adjourned at 3:18 PM**

Respectfully submitted,  
Paul Dexter



**January Small Group Preferred Plans  
Medical and Prescription Plan Options  
Monthly Rates for 1/1/2019 - 12/31/2019**

Member Groups may choose ONE medical plan per colored section with a maximum of three medical options per employee group. One prescription plan may be chosen per medical plan.

*Feb 1st 2019*

Medical Plan Type		Bluechoice POS	Access Blue New England HMO	Access Blue New England HMO with Deductible						
Plan Name	BC2120	AB20	AB15/PDED	AB15/40/PDED	ABSOS20/40 1KDED	ABSOS25/50 3KDED	ABSOS30/60 5KDED			
PCP Visit Copay	\$20	\$20	\$15	\$15	\$20	\$25	\$30			
Specialty Visit Copay	\$20	\$20	\$15	\$40	\$40	\$50	\$60			
Walk-in Center Copay	\$20	\$20	\$15	\$15	\$20	\$25	\$30			
Urgent Care Copay	\$50	\$50	\$50	\$125	\$50	\$75	\$100			
ER Copay	\$100	\$100	\$100	\$250	\$100	\$150	\$250			
Standard Deductible (per person/per family)	\$250 / \$500 (self referred only)	\$0	\$500 / \$1,500	\$1,000 / \$3,000	\$1,000 / \$3,000	\$3,000 / \$9,000	\$5,000 / \$12,000			
Chiropractic Visits/Copay	35 / \$0	12 / \$20	12 / \$15	12 / \$15	Unlimited / \$20	Unlimited / \$25	Unlimited / \$30			
Therapy Visits (PT/OT/ST)/Copay	Unlimited / \$0	60 / \$20	60 / \$15	60 / \$15	60 / \$20	60 / \$25	60 / \$30			
Acupuncture Visits/Copay	N/A	N/A	N/A	12 / \$15	12 / \$20	12 / \$25	12 / \$30			
Durable Medical Equipment	\$100 deductible, then you pay 20%	You pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%			
MRI, CT scan, PET, MRA	You pay \$0	You pay \$0	Standard Deductible	Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible			
X-Rays and Ultrasounds	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$125 at SOS providers. Otherwise, Standard Deductible			
Labs (including allergy testing)	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible	You pay \$0 at SOS providers. Otherwise, Standard Deductible			
Maximum Out-of-Pocket (medical and RX expenses combined)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,150 / \$14,300			
Prescription Option 1		RX10/20/45	RX10/20/45	RX10/20/45	RX10/20/45	RX10/20/45	RX10/20/45			
single	\$985.47	\$919.63	\$903.78	\$791.45	\$741.27	\$538.30	\$496.68			
2-person	\$1,970.95	\$1,839.27	\$1,807.56	\$1,582.91	\$1,482.54	\$1,076.60	\$993.35			
family	\$2,660.78	\$2,483.01	\$2,440.21	\$2,136.92	\$2,001.43	\$1,453.41	\$1,341.03			
OR										
Prescription Option 2		R10/25/40 M10/40/70	R10/25/40 M10/40/70	R10/25/40 M10/40/70	R10/25/40 M10/40/70	R10/25/40 M10/40/70	R10/25/40 M10/40/70			
single	\$953.38	\$889.68	\$874.31	\$765.68	\$717.15	\$520.80	\$480.53			
2-person	\$1,906.76	\$1,779.36	\$1,748.63	\$1,531.36	\$1,434.30	\$1,041.59	\$961.06			
family	\$2,574.13	\$2,402.13	\$2,360.65	\$2,067.34	\$1,936.31	\$1,406.15	\$1,297.44			
RX = Copays for both retail and mail order R= Copays for retail (up to 34 day supply) M = Copays for Maintenance Choice (up to 90 day supply)										
Medicare Supplemental Plans (MCS)										
MCS with RX Coverage	RX10/20/45									
single	\$615.72									
MCS with RX Coverage	R10/25/40 M10/40/70									
single	\$595.68									
MCMRX (No RX Coverage)	N/A									
single	\$246.25									
DISCLAIMER: Monthly rates are based on a minimum of 75% participation of all eligible employees who do not otherwise have group medical coverage. Active employees and retirees must be offered the same prescription drug coverage. HealthTrust reserves the right to change these rates if there is a +/- 10% in enrollment. All deductibles and benefit limits shown are per plan year (January 1 through December 31). These charts are intended for summary purposes only. Details of coverage are set forth in separate documents, which govern these plans.										

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**January Small Group Preferred Plans  
Medical and Prescription Plan Options  
Monthly Rates for 1/1/2019 - 12/31/2019**

*Member Groups may choose ONE medical plan per colored section with a maximum of three medical options per employee group.*

Medical Plan Type		High Deductible Health Plan (HSA Qualified)	
Plan Name		LUMENOS2500	Access Blue New England ABHD/5K/20COIN
Standard Deductible		\$2,500 / \$5,000 <sup>+</sup>	\$5,000 / \$10,000
Standard Coinsurance		0% (In-Network), 30% (Out-of-Network)	20%
Coinsurance Maximum		N/A (In-Network); \$2,500 / \$5,000 (Out-of-Network) <sup>+</sup>	\$1,550 per Member, per year; \$3,100 per family, per year
Chiropractic Visits		Unlimited	Unlimited
Therapy Visits (PT/OT/ST)		60 visits	60 visits
Acupuncture Visits		12 visits	12 visits
Durable Medical Equipment		Standard Deductible and/or Coinsurance	Standard Deductible and Coinsurance
Prescription Drugs		Standard Deductible and/or Coinsurance	Standard Deductible and Coinsurance
Maximum Out-of-Pocket (medical and RX expenses combined)		\$2,500 / \$5,000 (In-Network), \$5,000 / \$10,000 (Out-of-Network) <sup>+</sup>	\$6,550 / \$13,100
single		\$749.54	\$517.97
2-person		\$1,499.07	\$1,035.95
family		\$2,023.75	\$1,398.53

<sup>+</sup> For LUMENOS2500, if you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.

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**Site of Service (SOS), Lumenos and ABHD Plans:** The employer may fund up to 50% of the deductible. Employer may fund more than 50% for the Lumenos and ABHD plans if utilizing an HSA.