

TOWN OF FREETOWN INSURANCE ADVISORY COMMITTEE
MEETING MINUTES FOR MARCH 28, 2022

Meeting called to order at 1:05PM

Present: Patrick Lee
Jeffrey Brum
Thomas Ashley
Linette Uzzell
Patricia Rodrick
Walter Sawicki
Deborah Pettey (Non-Voting Member)

RECEIVED
FREETOWN TOWN CLERK
2022 APR -1 AM 11:34

Kerri Pochay of MIIA presented the committee with the proposed cost of health insurance rates for fiscal year 2023, commencing on July 1, 2022, for all active Town employees and non-medicare eligible retirees. The proposed rates would see a 2.76% increase for the Blue Care Elect Preferred and the HMO Blue NE plans. The Dental Blue Freedom plan would see a -6.50% decrease.

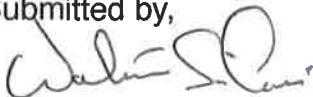
A lengthy discussion ensued about possible plan changes to the Town's current plans. The consensus was that there was insufficient time due to MIIA's need to have any plan change designs by April 1, 2022 in order to implement those changes before July 1, 2022.

Motion made (Uzzell) to accept the fiscal 2023 rates for the Town's active and non-medicare eligible retirees as proposed by MIIA. Seconded (Lee). Motion passed unanimously.

Motion to Adjourn (Ashley), Seconded (Brum).

Meeting adjourned at 1:59PM

Submitted by,



Walter Sawicki, Chairman

MIIA Health Benefits Trust

Freetown Renewal Meeting March 28, 2022 AGENDA

- Service Team Feedback
- FY23 Renewal
 - Medical Alternatives 1 & 2
- Review of data – utilization
 - Headcount
- Enhancements
 - Fitness Benefit & Weight Loss Benefit
 - Mental Health Benefit
- Wellness Grants
- Open Enrollment
- Other Items

MIIA HEALTH BENEFITS TRUST
Renewal Proposal 7/1/2022 - 6/30/2023
Freetown

MONTHLY CONTRIBUTION RATES				
PRODUCTS		CURRENT	RENEWAL	
		RATES	RATES	INCREASE
Blue Care Elect Preferred	Individual	\$1,239.26	\$1,273.46	2.76%
	Family	\$3,080.87	\$3,165.90	2.76%
HMO Blue NE	Individual	\$918.29	\$943.63	2.76%
	Family	\$2,405.98	\$2,472.39	2.76%
Dental Blue Freedom	Individual	\$45.80	\$42.82	-6.50%
	Family	\$94.36	\$88.23	-6.50%

Renewal rates are based on final plan design and enrollment.

Senior plans will renew on January 1, 2023.

Please provide a copy of the in-force PEC or IAC agreement, if applicable.

Signed commitment is due on or before April 1, 2022.

Renewal rates are based on continuing the current enrollment level.

Signature for Acceptance of Rates	Title	Date
Print Name		



BLUE 20/20

MIIA VOLUNTARY EXAM-PLUS PLAN AND RATE SHEET

Blue 20/20 is administered by EyeMed Vision Care®, an independent vision benefits company.

The **Insight** network has more than 118,000 access points. Below is a breakdown of the plan design and the monthly rates. Please refer to the benefit summary for the full plan details.

Network	Exam Copay	Lens Copay	Frame Allowance	Contact Allowance	Frequency (Exam/Lens/Frame)
Insight	\$20	\$25	\$130	\$130	24/12/24

Enrollment tier	Employee	Employee & Spouse	Employee plus one or more children	Family
Monthly rates	\$5.54	\$9.42	\$9.70	\$15.23

UNDERWRITING GUIDELINES

- Voluntary: Employers contribute less than 25% of plan premiums, or plans are 100% employee paid.
- For groups of 2-9 eligible employees: At least 75% participation and a minimum of two employees are required to be enrolled.
- For groups of 10 or more eligible employees: At least 10% participation and a minimum of three employees are required to be enrolled.
- Premiums must be payroll-deducted.
- Plans must be effective the first day of the month.
- Subscribers who disenroll may not re-enroll for at least two years, and re-enrollment must be on anniversary.
- Four-year rate guarantee.

Town Of Freetown FY23 Alternative 1

Current Offering						Alternative 1			
	HMO Blue NE		Blue Care Elect Preferred		HMO Blue NE Custom	Blue Care Elect Preferred Custom			
Deductible	Single/Family		In Network	Out of Network		In Network	Out of Network		
	N/A		N/A	\$250/\$500	\$150/\$450	in Net N/A 450			
Max Out of Pocket									
Medical	\$2500/\$5000		\$2500/\$5000		\$2500/\$5000		\$2500/\$5000		
Pharmacy	\$1000/\$2000		\$1000/\$2000		\$1000/\$2000		\$1000/\$2000		
PCP Copay	\$15		\$20	20% after Deductible	\$20	\$20	20% after Deductible		
Specialist Copay	\$15		\$20	20% after Deductible	\$35	\$35	20% after Deductible		
ER Copay	\$50		\$75	\$75	\$100 after deductible (waived if admitted)	\$100 after deductible (waived if admitted)	\$75		
High Tech Imaging	\$0		\$0	20% after Deductible	\$100 per date of service after deductible	\$100 per date of service after deductible	20% after Deductible		
Inpatient Hospitalization									
General Hospitals	\$250 per Admission		\$250 per Admission	20% after Deductible	\$300 per Admission General Hospitals, after deductible	\$300 per Admission General Hospitals, after deductible	20% after Deductible		
Higher Cost Hospitals									
Outpatient Day Surgery	\$0		\$0	20% after Deductible	\$150 after deductible	\$150 after deductible	20% after Deductible		
Retail Rx Copay	\$10/20/35		\$10/20/35	not covered	\$10/25/50	\$10/25/50	not covered		
Mail Order Rx Copay	\$10/20/35		\$10/20/35	not covered	\$20/50/110	\$20/50/110	not covered		
Current									
Individual	\$918.29		\$1,239.26						
Family	\$2,405.98		\$3,080.87						
Renewal									
Individual	\$943.63		\$1,273.46		\$859.65	\$1,250.54			
Family	\$2,472.39		\$3,165.90		\$2,252.35	\$3,108.91			
% Difference Current									
% Difference Renewal			2.76%			-6.39%			
						-8.90%			

Town Of Freetown FY23 Alternative 2

	Current Offering			Alternative 2	
	HMO Blue NE	Blue Care Elect Preferred	Network Blue NE HMO	Blue Care Elect Preferred PPO	
Deductible					
Single/Family	N/A	In Network N/A	Out of Network \$250/\$500	In Network \$250/\$750	Out of Network
Max Out of Pocket					
Medical	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000	\$2500/\$5000
Pharmacy	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000
PCP Copay	\$15	\$20	20% after Deductible	\$20	20% after Deductible
Specialist Copay	\$15	\$20	20% after Deductible	\$35	20% after Deductible
ER Copay	\$50	\$75	\$75	\$100 after deductible (waived if admitted)	\$100 after deductible (waived if admitted)
High Tech Imaging	\$0	\$0	20% after Deductible	\$100 per date of service after deductible	\$100 per date of service after deductible
Inpatient Hospitalization	\$250 per Admission	\$250 per Admission	20% after Deductible	\$300 per Admission General Hospitals, after deductible	\$300 per Admission General Hospitals, after deductible
Higher Cost Hospitals				\$700 Per Admission, after deductible	\$700 Per Admission, after deductible
Outpatient Day Surgery	\$0	\$0	20% after Deductible	\$150 after deductible	\$150 after deductible
Retail Rx Copay	\$10/20/35	\$10/20/35	not covered	\$10/25/50	\$10/25/50
Mail Order Rx Copay	\$10/20/35	\$10/20/35	not covered	\$20/50/110	\$20/50/110
Current					
Individual	\$918.29	\$1,239.26			
Family	\$2,405.98	\$3,080.87			
Renewal					
Individual	\$943.63	\$1,273.46	\$847.38	\$1,233.98	
Family	\$2,472.39	\$3,165.90	\$2,220.21	\$3,067.76	
% Difference Current		2.76%		-7.72%	
% Difference Renewal				-10.20%	

MILA HEALTH BENEFITS TRUST
Summary of Headcounts for Freetown for period 10/2019 - 9/2021

10/19/2021 Page 40

Month	VIP Ind.	VIP Family	VIP Two	VIP Mem.	BCE Ind.	BCE Family	BCE Two	BCE Mem.	HMO Ind.	HMO Family	HMO Two	HMO Mem.	Choice Ind.	Choice Family	Choice Two	Choice Mem.	Medex Ind.	Medex 2 Ind.	Med. Subtotal	MBS Ind.	BCGS HMB Ind.	Medical Subs	Medical Mem.	Dental Ind.	Dental Family	Dental Two	Dental Subs	Dental Mem.
Oct. 2019	4	1			7			7	24	44		168					68		141	22		163	265	15	28		43	99
Nov. 2019	4	1			7			7	24	44		168					68		141	22		163	265	15	28		43	99
Dec. 2019	4	1			7			7	24	43		166					70		142	22		164	265	15	28		43	99
Jan. 2020	4	1			7			7	22	44		165					72		143	20		163	264	15	28		43	99
Feb. 2020	4	1			7			7	23	44		166					72		144	20		164	265	15	28		43	99
Mar. 2020	4	1			7			7	23	44		165					72		144	20		164	264	15	28		43	98
Apr. 2020	4	1			7			7	22	44		163					72		143	20		163	262	14	27		41	94
May. 2020	4	1			7			7	22	44		164					71		142	20		162	262	14	27		41	95
Jun. 2020	4	1			7			7	22	44		164					71		142	20		162	262	14	27		41	95
Jul. 2020	4	1			7			7	23	43		163					73		144	20		164	263	16	27		43	97
Aug. 2020	4	1			7			7	22	43		162					73		143	20		163	262	16	27		43	98
Sep. 2020	4	1			6			6	22	43		162					73		143	20		163	261	16	27		43	98
Oct. 2020	4	1			6			6	23	43		164					73		144	20		164	263	17	27		44	99
Nov. 2020	4	1			6			6	23	42		161					74		144	20		164	261	17	26		43	96
Dec. 2020	4	1			6			6	23	42		162					74		144	19		163	261	16	26		42	95
Jan. 2021	4	1			6			6	23	41		160					76		145	19		164	261	16	26		42	95
Feb. 2021	4	1			6			6	24	42		166					78		149	19		168	269	17	26		43	96
Mar. 2021	4	1			6			6	26	41		166					79		151	19		170	270	17	26		43	96
Apr. 2021	4	1			6			6	26	41		166					79		151	19		170	270	17	26		43	96
May. 2021	4	1			6			6	25	41		165					80		151	19		170	270	17	26		43	96
Jun. 2021	4	1			6			6	24	41		164					79		149	19		168	268	17	26		43	96
Jul. 2021	5	1			7			7	24	39		160					82		151	19		170	268	20	27		47	104
Aug. 2021	5	1			7			7	24	39		160					82		151	19		170	268	20	27		47	104
Sep. 2021	5	1			7			7	27	39		163					82		154	19		173	271	23	27		50	107
Averages (24 Months Medical / 24 Months Dental)	4	1			7			7	24	42		164					75		146	20		166	265	16	27		43	98

Fitness & Weight-loss Reimbursements

Annual Amounts Increase for July 1, 2022 to:

\$300



Qualified for Fitness Reimbursement:

- A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights
- A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs
- Online fitness memberships, subscriptions, programs, or classes
- Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines *

* Newly Added For July 1, 2022

Qualified for Weightloss Reimbursement:

Participation fees for:

- Hospital-based programs and Weight Watchers® in-person
- Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.

GOLF COURSE MEMBERSHIP FEES?

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!