

Since our beginning, we have known that doing the best for our customers requires constant persistence and vision.

The **cheetah**, which represents vision, swiftness, strength, and agility, embodies our company culture and has served as a symbol for **Brown & Brown** since the 1980's.



BTD HIC Medicare Advantage Program Oneonta City School District

Presented by:

Dave Sebastianelli: Senior Vice President Jack McGowan: Vice President April 2nd, 2021

BROWN & BROWN SNAPSHOT

NATIONAL STRENGTH / LOCAL EXECUTION

6th

Sixth largest insurance brokerage firm in the world as ranked by *Business Insurance*

16B

Revenues are greater than \$2B and premiums placed exceed \$16B 300

Employs more than 10,000 teammates with 300 locations across the globe 75+

Providing superior service to our customers for more than 75 years

CONSORTIUM/SCHOOL EXPERIENCE

Seven (7) Fully-Insured Healthcare Consortiums Under Management in NY

- Rochester Auto Dealers Association (RADA) Est. 2006
- Finger Lakes Municipal Health Insurance Trust (FLMHIT) Est. 2010
- Rochester Technology Manufacturing Association (RTMA) Est. 2013
- Rochester Builders Exchange (ROBEX) Est. 2014
- New York Non-Profit Benefits Exchange (NBE) Est. 2016
- Manufacturers Association of Central New York (MACNY) Est. 2019

Fully-Insured Consortiums in New York

- 150+ Employers buying together
- \$150,000,000+ in annual premiums
- 15,000+ contracts under management between Excellus and MVP

DCMO BOCES Medicare Advantage Consortium – Est. 2019

- 8 component Districts
- 1st year savings: \$1M+
- Lower rates / equivalent benefits
- 1st year renewal: 0%



School District Clients:

Alfred Almond
Binghamton City
Bainbridge Guilford
Cooperstown
DCMO BOCES
Liberty
Norwich
Afton

Harpursville Windsor Chenango Forks

Union Endicott
Susquehanna Valley

Unatego GMU Clinton Oxford Downsville

And more...

BROWN & BROWN CONSULTING & SERVICE TEAM

Our offices consist of 100 teammates including a dedicated Account Service Team to assist retirees on a daily basis

Dave Sebastianelli Senior Vice President, Benefits

dsebastianelli@bbempirestate.com Phone: 607-624-4900

- 11 Years Industry Experience
- Client Relationship
- Strategic Planning
- **Carrier Negotiations**
- Plan Development
- Implementation
- **Open Enrollment Support**

Jack McGowan

Vice President, Benefits

jmcgowan@bbempirestate.com

Phone: 607-624-9111

- 6 Years Industry Experience •
- Client Relationship
- Strategic Planning •
- **Carrier Negotiations** •
- Plan Development
- Implementation
- **Open Enrollment Support**

Nick Bozich

Regional Underwriting & Analytics Director

nbozich@bbins.com

- 14 Years Industry Experience
- Analytics
- Rate Development
- Underwriting
- **Financial Projections**
- **Carrier Negotiations**

Cheryl Clary

Account Executive

cclarv@bbempirestate.com Phone: 315-671-8868

- 25+ Years Industry Experience
- **Compliance Support**
- **Proactive Communications**
- Claims Utilization Reviews
- **Employee Communication**
- Implementation
- **Open Enrollment Support**

Kristin Ford **Account Manager**

kford@bbempirestate.com

Phone: 315-671-8834

- 11 Years Industry Experience
- Plan Administration
- Claims & Billing
- Employee Advocacy/Support
- **HR Support**
- Carrier Liaison
- **Open Enrollment Support**

Nicole Downs Account Manager

ndowns@bbempirestate.com

Phone: 315-671-8854

- 11 Years Industry Experience
- Plan Administration
- Claims & Billing
- Employee Advocacy/Support
- **HR Support**
- Carrier Liaison
- Open Enrollment Support



EMPLOYEE/RETIREE SUPPORT CENTER

Monday - Friday: 7:30am-4pm

• Employee/Retiree Day-to-Day Assistance:

- Complex claims resolution
- Coverage questions
- Employee day-to-day benefits support
- Claims and service intervention
- Interpretation and clarification of benefits
- Tax-Advantaged account education/support (HSA/FSA/HRA)
- Open Enrollment employee communication and support
- Wellness meetings, material, and communication

Employer and HR Support:

- Enrollment support
- Billing questions
- Eligibility inquiries
- Compliance support
- HR Questions
- Employee/Employer Carrier Advocate/Liaison
- Access to healthcare pricing transparency tools
- FMLA process/inquiries
- COBRA Administration



BROWN & BROWN EMPLOYEE BENEFITS

Consulting and Brokerage Services

BTD HIC Medicare Advantage Program Feasibility study prepared for the following School Districts:

- Afton
- Chenango Forks
- Chenango Valley
- Deposit
- Hancock
- Harpursville
- Newark Valley

- Oneonta
- Susquehanna Valley
- Tioga Central
- Unadilla Valley
- Union Endicott
- Whitney Point
- Windsor







BTD HIC MEDICARE ADVANTAGE PROGRAM OVERVIEW

Process

- Information Collection: January 2021
- Brown & Brown Carrier RFP: February 2021
- RFP Initial Results: March 2021
- Meet with individual Districts: March 2021
- Plan Implementation
- Plan Effective Date (7/1/21)
- Ongoing retiree support

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Carriers/Plans (3)

Carriers:

• Aetna, Excellus, Humana, MVP, UHC

Plans:

- 1. Plan 1: 100% plan with \$2/\$10/\$10 Rx (\$1,000 Rx cap)
- 2. Plan 2: 100% plan with \$5/\$15/\$30 Rx (\$3,000 Rx cap)
- 3. Plan 3: \$10 copay with \$5/\$15/\$30 Rx
 - Enhanced Riders: Plan 1 & 2
 - Chiropractor, PT, Acupuncture
 - Hearing allowance, Part D Drugs



MEDICARE 101



Medicare Part C covers everything Parts A and B cover, including hospital and medical services

Medicare Part C also covers Part D Prescription drugs

You still have Medicare if you elect Medicare Part C coverage

Excellus 🐯 🗓		Medicare Blue PPO (PPO)	
Group	0050xxxx-0001	Card Issued 03	/29/2021
Issuer	(80840)	Benefits Effective 01	/01/2019
Member ID	VYM Mxxxxxxxx		
Member Nar	me		
Jane Doe			
RxBIN	003858	PCP Copay	\$20
RxPCN	MD	Specialist Copay	\$20
RxGRP	EXLMDRX	Emergency Copay	\$65
Plan Code	302/802		
		CMS H3335-811	
Medi Prescription Dr	care R	MA IPPO MEDICARE ADVANTAGE	Rx

One ID Card



The advantages of a single plan

Medicare Advantage (Part C) plans are provided through private insurers, like Excellus BCBS



All the benefits of Part A

- Hospital
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

 Included in this Medicare Advantage plan



Additional benefits, programs and features

New programs/benefits bundled with this plan

- National plan, can visit/move anywhere within the United States and its territories
- Coverage for doctors, clinics, hospitals, and pharmacies
- Prescription drug coverage
- No Prior Authorization
- No Step Therapy
- No referral needed to see a specialist
- You can see doctors outside the network for the same cost share as in-network providers as long as the provider is willing to participate with original Medicare and is willing to accept new Medicare patients

EXCELLUS BLUE CROSS BLUE SHIELD



National Network

- Medicare Blue PPO National Coverage
- Worldwide Emergency/Urgent Coverage
- Custom Group Medicare Blue PPO Plan

Provider Network Information

- https://medicare.excellusbcbs.com/find-a-doctor/provider
- 1-800-810-BLUE: Plan Name, GROUP MEDICARE ADVANTAGE BLUE PPO

Plan Enhancements:

- Vision/Hearing Exams: \$0 copay
- Hearing Aid Coverage: \$699/\$999 copay per aid (2 per year)
 - Average Retail Cost: \$2,500 \$3,100
- Acupuncture
- Chiropractic Care
- Enhanced Formulary Part D Drugs
- Silver & Fit Program: \$25 annual fee / national network
- Home Fitness Program: \$10 annual fee



•	Primary Care	\$0
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•	Diagnostic tests/lab	\$0
•	Annual Wellness Exam	\$0
•	Immunizations	\$0
•	Mammography	\$0
•	PAP/Pelvic	\$0
•	Bone Mass	\$0
•	Prostate Exam	\$0
•	Routine Eye Exam	\$0
•	Routine Hearing Exam	\$0 TruHearing Provider

 Emergency Room 	\$0 - Worldwide
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- All copays of \$2/\$10 apply to max. If met, all pharmacy drugs are covered in full
- Mail-Order: Pay 1x copay and get a 90 day supply

Per Census (Individual)	Classic Blue	Classic Blue Secure	
Single	118	109	
Family	0	0	
Total	118	109	

	Excellus BCBS - Current			
	Classic Blue		Classic Blue Secure	
Type of Plan	Indemnity		Medicare Supplement	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Office Visit	deductible/o	visit covered after coinsurance	Covers Medicare B deductible & coinsurance	
Specialist Office Visit	No copay, office of deductible/of	visit covered after coinsurance	Covers Medicare B deductible & coinsurance	
Deductible (Single / Family)	\$100	\$300	See specific	benefit type
Employee Coinsurance	20	%	See specific	benefit type
Maximum Out-of-Pocket Medical Only	\$400 / \$1,200		None	
Pharmacy Retail (30-day supply)	\$5 / \$20 / \$20	Not Covered	\$1	Not Covered
Pharmacy Mail Order (90-day supply)	\$0 / \$40	Not Covered	\$1	Not Covered
Maximum Out of Pocket Pharmacy Only	No Max/Cap		Up to \$2,500 for certain drugs	Not Applicable
Coverage Gap	Not Applicable		Not Applicable	
Catastrophic Coverage	Not Ap	plicable	Not Applicable	
	Monthly Rates (2020 - 2021)		Monthly Rates (2020 - 2021)	
Single	\$848.17		\$848.17	
Family	\$2,10	11.79	\$2,101.79	
Monthly Premium	4.00,0000		\$92,450.53	
Annual Premium	\$1,201,008.72		\$1,109,406.36	
Total Annual Premium	\$2,310,415.08			
Annual Variance vs. Current				
% of Variance vs. Current	N		IA .	

Medicare Advantage		
227		
0		

Excellus BCBS - PLAN 1 Medicare Blue PPO					
PPO					
In-Network Out-of-Network					
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
None	\$0				
0%	10%				
\$1,250 - Only applies to Accupuncture (not covered today) All other medical services covered at 100%	\$8,000				
60 (640 (640 (640					
\$2 / \$10 / \$10 / \$10 \$2 / \$10 / \$10 / \$10					
\$1,000 (After members out-of-pocket cost reaches \$1,000 the member cost sharing is reduced to \$0)	Covered at in-network cost sharing in emergency situations only				
None \$2 / \$10 / \$10					
Does not apply (\$1,000 maximum)					
	ior Authorization / Step Therapy				
\$290.00 \$0.00					
\$65,830.00 \$789,960.00					
NA NA					
(\$1,520,455.08) -65.8%					

	Excellus BCBS - Current				
	Classic Blue		Classic Blue Secure		
	In-Network Out-of-Network		In-Network	Out-of-Network	
INPATIENT HOSPITAL			140 44 5 4000		
Inpatient Hospitalization	Covere	d in Full	to 365 days per lifetime. Allowe	When Medicare exhausts 100% of Medicare covered services up to 365 days per lifetime. Allowed amount is the amount Medicare allowed (not charge).	
Inpatient Physician Visit	Covered in Full, da	ay limits may apply	Covers Medicare B d	Covers Medicare B deductible & coinsurance	
Skilled Nursing Facility	Days 1-100: Covered in Full Days 101+: Covered in Full (medically necessary / non-custodial care)		Covers Medicare A D	Covers Medicare A Deductible & Daily Copay	
Emergency Room Services (waived if admitted)	Covere	d in Full	Covers Medic	are B copayment	
Urgent Care	Covere	d in Full	Covers Medic	are B copayment	
OUTPATIENT SERVICES					
Outpatient Surgery	Covered in Full		Covers Medicare B copayment, deductible & coinsurance		
Office Surgery	Covered in Full		Covers Medicare B deductible and coinsurance		
Laboratory Services	Covered in Full		Covered Medicare B copayr	ment, deductible & coinsurance	
Radiological Services (X-rays)	Covered in Full		Covered Medicare B copayr	ment, deductible & coinsurance	
Allergy Testing / Injections	Subject to deductible & coinsurance		Not 0	Covered	
Chemotherapy	Covered in Full		Covered Medicare A or	Covered Medicare A or B deductible & coinsurance	
Radiation Therapy	Covered in Full		Covered Medicare B copayment, deductible & coinsurance		
Dialysis	Covered in Full		Covered Medicare B copayment, deductible & coinsurance		
Acupuncture	Not Covered		Not Covered		
Ambulance	Covere	d in Full	Covers Medicare B deductible & coinsurance		
Hospice Care	Covered in Full for unlimited days		Medicare A Copay for outpatient prescription drugs. Medicare A Coinsurance for respite care.		
Home Healthcare Services	Covered in Full up to 60 days, then 20% after deductible up to 325 visits per year		Not covered unless Medicare deductible/coinsurance or copay		
Rehabilitation Services: Physical, Speech, Occupational, Pulmonary, Cardiac	20% after deductible unlimited visits		Covers Medicare B d	Covers Medicare B deductible & coinsurance	
Chiropractic Services	20% after deductible		Covers Medicare B deductible & coinsurance		

Excellus BCBS - PLAN 1					
Medicare Blue PPO					
In-Network	Out-of-Network				
\$0 copay per admission; unlimited days	10% coinsurance per admission; unlimited days				
\$0 copay	10% coinsurance				
Days 1 - 20: \$0 copay per day Days 21-100: \$0 copay per day Days 101+: \$0 copay per day (medically necessary)	Days 1-20: \$0 copay per day Days 21-100: \$0 copay per day Days 101+: Not Covered				
\$0 copay (World	dwide Coverage)				
\$0 copay (World	dwide Coverage)				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 c	opay				
50% coinsurance, up to 20 visits per year for chronic lower back pain					
\$0 c	\$0 copay				
Covered by Original Medicare					
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				
\$0 copay	10% coinsurance				

	Excellus BCBS - Current				
	Classic Blue		Classic Blue Secure		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
PREVENTIVE CARE (Office Visit Copay	may apply - 1 per year)		_		
Routine Physical Exam	Covered in Full for 1 exam per year		Covers Medicare B de	Covers Medicare B deductible & coinsurance	
Immunizations	Covered in Full		Equivalent to Medicare	Equivalent to Medicare Supplemental Coverage	
Mammography	Covered in Full		Not covered unless Medicare deductible, coinsurance or copay applies		
Prostate Exam	Covered in Full		Covers Medicare B deductible & coinsurance		
Bone Density Test	Covered in Full		Covers Medicare B deductible & coinsurance		
Pelvic Exam / PAP Smear	Covered in Full		Not covered unless Medicare deductible, coinsurance or copay applies		
VISION / HEARING (Routine, 1 exam per year)					
Vision / Hearing Exam	D/C, 1 per year / Not Covered		\$20 copay, 1 per year / Covers Medicare B Deductible & Coinsurance		
Eyewear Frames/Lenses or Contacts Allowance	\$100 eyewear benefit		\$100 allowance, 1 per year		
Hearing Aid Allowance	Great programs and incentives		Not Covered		

Excellus BCBS - PLAN 1				
Medicare Blue PPO				
In-Network	Out-of-Network			
\$0 copay	10% coinsurance			
\$0 copay	10% coinsurance			
\$0 copay	10% coinsurance			
\$0 copay	10% coinsurance			
\$0 conqu	10% coinsurance			
\$0 copay	10% coinsurance			
\$0 copay	10% coinsurance			
Vision: \$0 copay	Vision: 10% coinsurance			
Hearing: \$0 copay (TruHearing providers only) Hearing: \$75 copay				
\$100 Allowance per year				
\$699 copay Advanced Aids \$999 copay Premium Aids (TruHearing Providers only; copay is per hearing aid)				

		Excellus BC	BS - Current	
	Classic Blue		Classic Blue Secure	
	In-Network	Out-of-Network	In-Network	Out-of-Network
DURABLE MEDICAL EQUIPMENT / DIABETIC SUPPLIES				
Durable Medical Equipment & Prosthetic Devices	20% after deductible		Covers Medicare B deductible & coinsurance.	
Diabetic Supplies, Equipment and Education	Covered in Full - Diabetic supplies filled by the pharmacy can be filled - 30 or 90 days		Covers Medicare B deductible & coinsurance. Insulin not covered	
MENTAL HEALTH & CHEMICAL DEPENDENCY				
Inpatient	Covered in Full		Covers Medicare deductible & copays that may apply	
Outpatient	Covered same as Office Visit		Equivalent to Medicare Supplemental Coverage	
ADDITIONAL BENEFITS				
International Coverage	Coverage provided worldwide through the BlueCard® program Balance billing may apply		80% of charges after a \$250.00 deductible per calendar year Care must begin during the first 60 consecutive days of each trip outside the United States Payments for emergency care are subject to a lifetime maximum of \$50,000	
FITNESS ALLOWANCE				
Lifestyle & Wellness	Blue365 - Take advantage of exclusive discounts on health & wellness products / services, including fitness, exercise and nutrition.		ne	
NOTES				

Excellus BC	BS - PLAN 1				
Medicare Blue PPO					
In-Network	Out-of-Network				
\$0 copay	10% coinsurance				
Supplies: \$0 copay per 30 or 90 days Equipment: \$0 copay Education: \$0 copay	Supplies: 10% coinsurance Equipment: 10% coinsurance Education: 10% coinsurance				
Mental Health: \$0 copay per admission Chemical Dependency: \$0 copay per admission	Mental Health: 10% coinsurance per admission Chemical Dependency: 10% coinsurance per admission				
Mental Health: \$0 copay, unlimited visits Chemical Dependency: \$0 copay, unlimited visits	Mental Health: 10% coinsurance, unlimited visits Chemical Dependency: 10% coinsurance, unlimited visits				
Emergency Room & Urgent Care					
Silver & Fit Program - Exercise Program that gives you the choice of: > Membership in fitness Club/exercise center (\$25 annual fee) > Home Fitness Program (\$10 annual fee) \$150 annual reimbursement toward paid membership at a non-participating fitness clubs > Blue 365: Exclusive online discounts to health related products and services > Silver&Fit copays will not be included in the Annual Out-of-Pocket Maximum					
*Enhanced Riders to include: Chiropractic, Physical Therapy, Acupuncture, Hearing evaluation/allowance, Part D Drugs,					

NEXT STEPS

1

Brown & Brown / Oneonta Retiree Meeting - Virtual Brown & Brown / Retiree Meeting In-person

April 6th at 2pm April 7th at 11am

2

Excellus Open Enrollment Meetings Retiree Ongoing Support May 2021 May - Ongoing

3

Retiree Letters and ID Cards Plan Effective Date June 2021 July 1st, 2021

