

Town Board Special Meeting July 30, 2024

RESOLUTION #99-2024

RESOLVED, that the Town Board of the Town of Waterford hereby authorizes the Town Supervisor to execute a contract with Capital District Physicians Health Plan to provide health insurance for eligible Town employees for the period August 1, 2024 – July 31, 2025

Offered by
Seconded by

Councilman Boudreau
Councilman Bruso
Councilwoman Marble
Councilman McClement
Supervisor Ball

RESOLUTION #100-2024

RESOLVED, that the Town Board of the Town of Waterford hereby authorizes the Town Supervisor to execute a contract with Anthem HealthChoice Assurance, Inc. (d/b/a Anthem Blue Cross) to provide dental and vision insurance for eligible Town employees for the period August 1, 2024 – July 31, 2025.

Offered by
Seconded by

Councilman Boudreau
Councilman Bruso
Councilwoman Marble
Councilman McClement
Supervisor Ball

RESOLUTION #101-2024

RESOLVED, that the Town Board of the Town of Waterford hereby authorizes the Town's HRA to reimburse Town employees enrolled in the Capital District Physicians Health Plan Code SUGF 3406 the sum of \$400.00 per occurrence for Inpatient Hospital Services provided to said employees and their enrolled dependents during the period August 1, 2024 – July 31, 2025.

Offered by
Seconded by

Councilman Boudreau
Councilman Bruso
Councilwoman Marble
Councilman McClement
Supervisor Ball

RESOLUTION #102-2024

RESOLVED, that the Town Board of the Town of Waterford hereby authorizes the Town's HRA to reimburse Town employees enrolled in the Capital District Physicians Health Plan Code SUGF 3406 for In-Network Deductibles incurred during the Plan year August 1, 2024 – July 31, 2025 as follows:

Individual Coverage – Amount to be Reimbursed - \$375.00

Employee +1 Coverage – Amount to be Reimbursed - \$750.00

Employee/Child Coverage – Amount to be Reimbursed - \$750.00

Family Coverage – Amount to be Reimbursed - \$750.00.

Offered by

Seconded by

Councilman Boudreau

Councilman Bruso

Councilwoman Marble

Councilman McClement

Supervisor Ball



6 Wellness Way
Latham, NY 12110
www.cdphp.com

NOTICE OF RENEWAL AND 2024 PREMIUM RATES

May 31, 2024

Dear Member:

Your group health insurance coverage is coming up for renewal. Your group policy will be automatically renewed on 8/1/2024 as long as your group continues to be eligible. Your group's members will be automatically re-enrolled unless you choose another policy. Included are changes we'll be making to your policy, the new premium for this policy, and some information about options if you wish to change policies.

Premium rate changes:

The premium rates for your health insurance policy are changing. The new rates will take effect on 8/1/2024. The new rates below have been approved by the New York State Department of Financial Services (DFS).

	Plan 2023	Plan 2024
Medical Plan:	SUGF3416 EPO Copayment 220 Gold	SUGF3406 EPO Copayment 220 Gold
Office Visit Copay:	\$25	\$25
Specialist Visit Copay:	\$40	\$40
In-Network Deductible:	\$750 / \$1,500	\$700 / \$1,400
Deductible Type:	Embedded	Embedded
Out-of-Network Deductible:	N/A / N/A	N/A / N/A
In-Network Coinsurance:	N/A	N/A
Out-of-Network Coinsurance:	N/A	N/A
In-Network Maximum:	\$8,700 / \$17,400	\$8,700 / \$17,400
Out-of-Network Maximum:	N/A / N/A	N/A / N/A
Inpatient Hospital:	\$800	\$800
Outpatient Surgery:	\$100	\$150
Emergency Room:	\$100	\$100
Ambulance:	\$100	\$100
Urgent Care:	\$60	\$60
Durable Medical Equipment:	50%	50%
Physical/Occupational/Speech Therapy:	\$40	\$40
Rx from Preferred Pharmacies:	\$4 / \$30 / \$60	\$4 / \$30 / \$60
Rx from Non-Preferred Pharmacies:	50% / 50% / 50%	\$4 / \$30 / \$60
Other Options:	Domestic Partner - Same or Opposite Sex	Domestic Partner - Same or Opposite Sex
	Proposed 2024 Annual Premium	Current 2023 Annual Premium
Individual:	\$919.13	\$867.13
Employee+1:	\$1,838.26	\$1,734.26
Employee/Child:	\$1,562.52	\$1,474.12
Family:	\$2,619.52	\$2,471.31



6 Wellness Way
Latham, NY 12110
www.cdphp.com

Call CDPHP member services at the number on your member ID card between 8 a.m. and 8 p.m., Monday through Friday, or visit our website at www.cdphp.com.

Getting help in other languages:

Para obtener asistencia en Español, llame al 1-800-777-2273

Sincerely,

A handwritten signature in black ink, appearing to read "Kaitlin", is positioned below the word "Sincerely,".

Kaitlin Knickerbocker
Director, Enrollment Management Services
Capital District Physicians' Health Plan, Inc.

DRAFT



Monthly Premium Rate and Product(s) Selected



TOWN OF WATERFORD
W01980
Effective Date: 08/01/2024

Schedule B

Effective date of this Addendum is 12:01 a.m. on 08/01/2024.

This Addendum applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross.

The Employer will pay a per Subscriber per month fee based on the Member categories set forth in the tables below:

Dental Plans	Employee Only	Count	Employee and Spouse	Count	Employee and Children	Count	Family	Count	Monthly Total Premium
New Plan									
Classic Complete NY-2F Contract Code: 1R24	\$37.54	14	\$76.60	5	\$89.72	2	\$133.61	7	\$2,023.27

Please note that your total premium may change for various reasons, including but not limited to changes in your employees' census, changes in your employees' tobacco use status where applicable, and changes to the ACA requirements and/or fees. Changes to these premium adjustments, coverage changes and/or participation levels may result in a change to the multi-product discounts.

Victor DeStefano
Anthem Blue Cross
 Victor DeStefano
 Interim President, New York Commercial

Anthem Blue Cross is the trade name of Anthem HealthChoice HMO, Inc. and Anthem HealthChoice Assurance, Inc. Anthem Blue Cross HP is the trade name of Anthem HP, LLC. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



TOWN OF WATERFORD
W01980

Effective Date: 08/01/2024



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The Employer will pay a per Subscriber per month fee based on the Member categories set forth in the tables below:

VISION PLANS	Employee Count	Employee and Spouse	Employee and Child(ren)	Family Count	Monthly Total Premium
New Plan					
Blue View Vision C1 Contract Code: 90U0	14	5	2	7	\$245.38

Please note that your total premium may change for various reasons, including but not limited to changes in your employees census, changes in your employees' tobacco use status where applicable, and changes to the ACA requirements and/or fees. Changes to these premium adjustments, coverage changes and/or participation levels may result in a change to the multi-product discounts.

Anthem Blue Cross

 Victor DeStefano
 Interim President, New York Commercial