

RESOLUTION REGARDING RENEWAL OF THE EMPLOYEE BENEFIT PROGRAM
(MEDICAL, DENTAL, VISION, LIFE, AND DISABILITY INSURANCE)

RESOLVED: That the Board of Directors authorizes the renewal of MIRA's employee benefit plans with the incumbent providers – ConnectiCare (medical), Ameritas (vision), and MetLife (dental, life, and disability) – for the period from January 1, 2019 through June 30, 2019; and

FURTHER RESOLVED: That, subject to the approval of the OS & HR Committee, the Board of Directors authorizes MIRA to enroll in the Connecticut Partnership 2.0 Plan effective July 1, 2019; and

FURTHER RESOLVED: That MIRA fund 25% of the IRS maximum annual contribution limit to each employee's Health Savings Account for those employees that select the ConnectiCare high deductible plan during Calendar year 2019; and

FURTHER RESOLVED: That the average employee contribution is increased to 12.5% for Calendar Year 2019.

Materials Innovation
Medical Plan Renewals and CT Partnership 2.0 Comparison
January 1, 2019

Carrier:	Current CTCare	Current CTCare	Renewal CTCare	Renewal CTCare	Connecticut Partnership State 2.0 Plan
Plan Name:	<i>Choice POS Copay \$1500/\$3000 ded.</i>	<i>2018 FlexPOS HSA Copay/Coins. \$2750/\$5500 ded. (E)</i>	<i>2019 Choice POS Copay \$1800/\$3600 ded</i>	<i>2019 FlexPOS HSA Copay/Coins \$2800</i>	
Metallic Level:	Gold	Silver	Gold	Silver	Gold
Plan Type:	POS	POS HSA	POS	POS HSA	PPO
PCP/Spec:	\$30 / \$45	\$10 after Ded / \$10 after Ded	\$30 / \$45	Ded then, Sanitas: \$0; Other: \$30 / \$45 after	\$25 / \$50
Inpatient Hospital:	\$500/Day after Ded up to \$1500	20% after Ded	\$500/Day after Ded up to \$2000	25% after Ded	Ded, / 0%
IN/OON Ind Ded:	\$1500 / \$3000	\$2750 / \$5000	\$1800 / \$3600	\$2800 / \$8000	\$350/\$1400
IN/OON Ind OOPM:	\$3700 (inc Ded, Copay + Coins) / \$7400 (inc Ded, Copay + Coins)	\$6000 (inc Ded, Copay + Coins) / \$10,000 (inc Ded, Copay + Coins)	\$4200 / \$8400	\$6500 / \$15,000	\$2,000/\$4,000
IN/OON Coins.:	0% / 50%	20% / 50%	0% / 50%	25% / 50%	N/A
IN Prescription:	Pref Gen: \$5; Non-Pref Gen: 50% up to \$250; Pref Brand: \$50; Non-Pref Brand: 50% up to \$250; Pref Spec: 50% up to \$500; Non-Pref Spec: 50% up to \$750	Ded then, Pref Gen: \$5; Non-Pref Gen: 50% up to \$200; Pref Brand: \$50; Non-Pref Brand: 50% up to \$200; Pref Spec: 50% up to \$500; Non-Pref Spec: 50% up to \$750	G: \$5; NPG: 50% up to \$250; PB: \$50; NPB: 50% up to \$500; S: 50% up to \$500; NPS: 50% up to \$750	Ded then, G: \$5; NPG: 50% up to \$250; PB: \$50; NPB: 50% up to \$500; S: 50% up to \$500; NPS: 50% up to \$750	\$350 Ded; then \$5/\$10, \$25, \$40
Monthly Plan Premium	\$17,536.10	\$16,946.30	\$18,181.34	\$18,201.57	
Annual Plan Premium	\$210,433.20	\$203,355.60	\$218,176.08	\$218,418.84	
Percent Change	<i>Incumbent</i>	<i>Incumbent</i>	3.68%	7.41%	
Total Premium	\$34,482.40		\$36,382.91		\$35,447.08
Total Annual Premium	\$413,788.80		\$436,594.92		\$425,364.96
Total Percent Change			5.51%		2.80%