



MEMORANDUM

TO: MIRA OS & HR Committee

FROM: Jim Hayden, OS & HR Committee Chairperson

DATE: April 6, 2023

RE: Notice of OS & HR Committee Meeting

There will be a Regular Telephonic Meeting of the Organizational Synergy and Human Resources Committee of the Materials Innovation and Recycling Authority (MIRA) Board of Directors on ***Wednesday, April 12, 2023 at 8:30 am. Members of the public may attend the meeting in person (mask required) in the Board Room at 300 Maxim Road, Hartford, CT 06114 or telephonically by calling (929) 205- 6099, entering meeting ID: 826 1784 3136 #, and then entering the password 656869 # when prompted.***

The purpose of the meeting will be the following matters:

- I. Pledge of Allegiance.
- II. Public Comment (3 minutes per speaker).
- III. Review and Approve – January 18, 2023 OS & HR Committee Minutes (Attachment 1).
- IV. Health and Welfare Plan Renewals
 - a. Overview of Current Program (Attachment 2)
 - b. Discussion regarding a second option through the Connecticut Partnership Plan (Attachment 3).
 - c. Information regarding change in member benefits support contacts for Connecticut Partnership Plan (Attachment 4).
 - d. Information regarding the renewal rates for the Connecticut Partnership Plan (our contract exists through June 30, 2025) (Attachment 5).
 - e. Discussion regarding COBRA administrator. (Attachment 6)
- V. HR Update (Attachment 7).
- VI. Executive Session to discuss personnel employment matters.

If you will be unable to attend, please notify Cheryl Kaminsky (ckaminsky@ctmira.org) immediately.

ATTACHMENT 1

Organizational Synergy & Human Resources Committee
January 18, 2023
Regular Meeting Minutes

A Regular Meeting of the Organizational Synergy & Human Resources Committee of the Materials Innovation and Recycling Authority was held on January 18, 2023. Present via video or audio conferencing were:

Members Present: Chairman James Hayden
 Susan Weisselberg
 Bert Hunter
 Don Stein

Present from MIRA: Mark Daley, President
 Cheryl Kaminsky, Comptroller
 Dave Bodendorf, Manager of Engineering, Construction & Power Assets

Others present: None

PUBLIC COMMENT

Committee Chairman Hayden called the meeting to order at 8:33 a.m. He said there were no members of the public who wished to comment and proceeded with the agenda.

1. Approval of the Minutes of the November 2, 2022 OS & HR Committee Meeting.

Committee Chairman Hayden requested a motion to accept the minutes of the November 2, 2022 OS & HR Committee meeting. The motion to approve the minutes was made by Director Weisselberg and seconded by Director Hunter. The motion to accept the minutes was approved unanimously.

2. Discussion regarding the Authority Budget for FY24.

(Mr. Daley stated that the FY24 budget represented the 15 retained personnel. He stated that it was a 35% reduction from the FY23 budget and was 12% below the projected amount in the 2nd Amendment. Mr. Daley deferred more detailed discussion for the executive session.

3. Discussion regarding work from home accommodations.

Mr. Daley stated that when the pandemic hit, employees were working 2 days per week in the office. Eventually, as restrictions eased, Accounting resumed working in the office 4 1/2 days per week and ½ day from home. For most employees, this has been accomplished by working the hours for 4 ½ days Monday through Thursday with the hours for a half day being worked from home on Fridays. Mr. Daley would like to continue this pattern with pre-defined schedules for employees. Director Weisselberg asked about the hours that employees start and end. Mr. Daley responded that

most employees arrive between 7:00 a.m. and 7:30 p.m. but as late as 9:30 a.m. and leave between 3:30 p.m. and 6:00 p.m.

4. Discussion regarding the transition of HR duties.

Mr. Daley stated that Cheryl Kaminsky has taken over as liaison of the OS & HR Committee which includes compiling the agendas, packages and minutes. She has also been set up as the contact for the state ethics department and is the SFI filing administrator. Committee Chairman Hayden recognized that everyone has done a good job with the planning and transition.

5. OS & HR Update

Ms. Kaminsky provided an update regarding the Employees Status Report. She stated that as of December 31, 2022 two of the six positions that are involved in the reduction in force have taken place. There was a discussion of the difference between MIRA's wellness program verses the state HEP compliance program and how many employees have taken advantage of both.

6. Executive Session.

Committee Chairman Hayden requested a motion to enter into Executive Session to discuss personnel employment matters. The motion to enter Executive Session was made by Director Weisselberg and seconded by Director Hunter. Committee Chairman Hayden requested that Mark Daley and Cheryl Kaminsky remain for the Executive Session in addition to the Committee members. Committee Chairman Hayden stated that there will be no votes taken in executive session and that the meeting will be adjourned right after executive session. The motion was unanimously approved.

The Executive Session began at 8:54 a.m. and concluded at 9:09 a.m.

ATTACHMENT 2

FY24 Employee Benefit Renewals

	Current Rate	Renewal Rate	Employee Costs earns > \$28/hr	earns \$28/hr or less
Medical - Connecticut 2.0 Plan				
EO	\$ 999.63	\$ 1,074.61	\$ 105.00	\$ 75.00
E+1	\$ 2,145.50	\$ 2,298.46	\$ 230.00	\$ 200.00
FAM	\$ 2,622.95	\$ 2,808.41	\$ 300.00	\$ 270.00

Dental - MetLife				
EO	\$ 65.70	not available yet	\$ 7.19	\$ 7.19
E+1	\$ 134.31	not available yet	\$ 14.73	\$ 14.73
E+C	\$ 148.89	not available yet	\$ 16.31	\$ 16.31
FAM	\$ 232.55	not available yet	\$ 25.50	\$ 25.50

Vision - Ameritas				
EO	\$ 12.52	not available yet	no charge	no charge
E+1	\$ 21.60	not available yet	no charge	no charge
FAM	\$ 29.80	not available yet	no charge	no charge

Life/ADD - MetLife				
Life - 2x salary with a \$500,000 cap				

Medical Opt - Out (monthly benefit)				
EO	\$ 93.86			
E+1	\$ 197.10			
FAM	\$ 267.17			

Wellness Program

*All fulltime and part time employees are eligible for the employee Wellness Reimbursement after 90 days of employment.

* Currently, the wellness reimbursemnt is \$375/fiscal year.

* Eligible Expenses include health/fitness club membership, exercise classes, recognized weight reduction programs, smoking cessation products & services, dietary classes and home exercise equipment.

* ineligible items include massage therapy, vitamins, apparel, video/audio tapes/compact discs, books, special foods, sporting goods, and golf club memberships.

ATTACHMENT 3

Cheryl Kaminsky

From: Humble, Alexandra <Alexandra.Humble@ct.gov>
Sent: Thursday, March 9, 2023 8:21 AM
To: Papallo, Ashley
Subject: SPP: Quality First Option
Attachments: Anthem_Quality First Access_BC Prime Plus_2023_v3.pdf

Hello Partnership Groups,

Attached is a flyer describing the Quality First Plan option being offered to Partnership groups on July 1, 2023. This is a full replacement option which means that effective July 1, 2023 you can either keep your current Expanded Access Plan (POS) or offer the Quality First Plan to your employees. You cannot offer both plans.

The savings factor for the Qualify First Plan is -8.2% when compared to the preliminary Partnership 2.0 rates effective July 1, 2023. We are asking groups to make a decision by Friday April 28th as to whether they would like to move to the Qualify First Plan or remain in the current plan.

The flyer has a link for the provider look up tool. Group level disruption reports can be run for groups considering the move. Please let our office know if you would like a disruption report to assist in making your decision. If you have any questions, please reach out to the Partnership team.

Regards,
Alex

Alexandra Humble
Office of the State Comptroller
Healthcare Policy & Benefit Services Division
165 Capitol Avenue, Hartford CT 06106
Phone (860) 702-3560
Email: Partnershipplan@ct.gov
<http://www.osc.ct.gov/ctpartner/index.html>

Quality First Select Access

Offers quality care at a lower cost

This new option offers care from high-performing doctors, specialists, and facilities across Connecticut that have met the State's rigorous standards for quality care and patient experience.

Access high-performing doctors and facilities at a lower cost

Plan Highlights

- This plan offers a lower premium because it has a smaller, Connecticut-based network of doctors and providers.
- You will save on out-of-pocket costs with Value Tier 1 providers, which includes a \$0 copay. With a Tier 2 provider, you'll pay more: \$50 for PCPs and \$100 for specialists.

To maximize your benefits:

- Use Tier 1 Providers.
- Note that using Hartford HealthCare facilities and providers will incur out-of-network charges.

How to access care while traveling

When you travel outside Connecticut in the U.S., you have access to doctors and hospitals across the country through the BlueCard program. If you travel outside the U.S., you have access to providers in nearly 200 countries with the BlueCross BlueShield Global Core program. Call **800-810-2583** to learn more about both programs. If you are outside the U.S., call collect at **804-673-1177**.

How to access care while living outside Connecticut

If you're temporarily staying in another state, or have a child away at college, you can keep your healthcare coverage. We can help arrange, in advance, a guest membership to another state's health maintenance organization (HMO). This feature is available, at no extra charge, to any member who will be away from Connecticut for at least 90 days.

This plan includes the same programs and FREE resources as the Expanded Plan:

- Health Enhancement Plan (HEP)
- Providers of Distinction
- Centers of Excellence
- Upswing Health
- Virta Health Diabetes (formerly Livongo)
- Diabetes Prevention Program
- LiveHealth Online Psychology^{1,2}



Find out if your provider or specialist participates in Quality First Select Access

Provider Lookup Tool:
carecompass.ct.gov/quality-first-lookup

The Quality First Select Access plan offers the same pharmacy coverage as the Expanded Access Plan (POS).

Medical Benefit Features	Your cost (in-network)		Your cost (out-of-network)
	Value Tier 1	Tier 2	
Upfront deductible	Health Enhancement Plan (HEP) enrollees: None Non-HEP individual: \$350 Non-HEP family: \$350 each member (\$1,400 maximum)		Individual: \$500 Family: \$1,500
Coinsurance	None		20% of the maximum allowable charge, plus 100% of any amount your provider bills over the maximum allowable charge
Annual out-of-pocket maximum	Individual: \$3,000 Family: \$6,000		Individual: \$6,000 Family: \$12,000
Lifetime benefit maximum	Unlimited		
Outpatient doctor visits	\$0 copay	\$50 primary care physician (PCP) copay \$100 specialist copay	Deductible and coinsurance
Preventive care – pediatric	No copay		Deductible and coinsurance
Preventive care – adult	No copay		Deductible and coinsurance
Routine gynecological exam	No copay		Deductible and coinsurance
Inpatient doctor ³	No copay		Deductible and coinsurance
Inpatient hospital ³	No copay		Deductible and coinsurance
Preadmission certification/concurrent review	Through participating provider		Penalty of 20%, up to \$500, for no precertification ^{3,6}
Outpatient surgical facility ³	No copay		Deductible and coinsurance
Outpatient mental health and substance abuse	No copay		Deductible and coinsurance
Emergency room	\$250 copay; waived if admitted		
Ambulance	No copay		
Diagnostic X-ray, lab, and preadmission testing ³	No copay for lab and radiology services performed by a Site of Service (SOS) provider	20% coinsurance non-Site of Service provider	Deductible and 40% coinsurance
Routine eye exam ⁴	No copay	\$50 copay	Deductible and 50% coinsurance
Hearing exam ⁵	No copay	\$50 copay	Deductible and coinsurance



¹ To see which plan you most closely fit, visit anthem.com/chooseyourplan. The copay is \$0.

² Preadmission certification is required by a provider (physician or other qualified person) to ensure that the patient is eligible for the service and that the service is medically necessary.

³ Preadmission certification may be required.

⁴ One exam per calendar year. \$50 copay would apply every other year.

⁵ One exam per calendar year.

⁶ Preadmission certification for out-of-network services is the member's responsibility.

⁷ UpHealth, d/b/a the trade name of Health Management Corporation, is a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. Please refer to your plan documents for exclusions and limitations under the plan. Anthem Blue Cross and Blue Shield provides administrative claims support services only and does not assume any financial risk or obligation with respect to claims.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., a separate business of The Blue Cross and Blue Shield Association, Anthem is a registered trademark of Anthem Insurance Company, Inc.

	ORIGINAL DOCUMENTS		NEW DOCUMENTS	
	In network	Out of network	Your Cost (in-network)	Your Cost (out-of-network)
Up-Front deductible	HEP enrollees: None, Non-HEP Individual: \$350 individual, Non-HEP Family: \$350 each member (\$1,400 max)	Not applicable	Value Tier 1 HEP enrollees: None, Non-HEP Individual: \$350 individual, Non-HEP Family: \$350 each member (\$1,400 max)	Tier 2 individual \$500, Family \$1,500
deductible coinsurance	None	Individual: \$300, Family: \$900		
Annual Out-of-pocket Max	one	20% of allowable charge plus 100% of any amount your provider bills over the allowable charge	None	20% of the maximum allowable charge, plus 100% of any amount your provider bills over the maximum allowable charge
Lifetime Max	HEP enrollees: None, Non-HEP Individual: \$350 individual, Non-HEP Family: \$350 each member (\$1,400 max)	HEP enrollees: Individual: \$2,000 (plus deductible) Family: \$4,000 (plus deductible) Non-HEP enrollees: Individual: \$2,000 (plus up-front deductible and out-of-network deductible) Family: \$4,000 (plus up-front deductible and out-of-network deductible)	Individual: \$3,000, Family \$6,000 Unlimited	Individual: \$6,000, Family \$12,000 Unlimited
Outpatient Physician visits, walk-in centers, urgent care centers Outpatient center visits	None \$15 Copay	None 80%	\$50 primary care physician (PCP) copay \$100 specialist copay	deductible and coinsurance
Preventive care				
Children	No copay with well-child visits and immunizations	80%	No copay	deductible and coinsurance
Adults	No copay	80%	No copay	deductible and coinsurance
Routine (physical) exam			No copay	deductible and coinsurance
Family Planning			No copay	deductible and coinsurance
Vasectomy	100%	80%		
Tubal ligation	100%	80%		
Inpatient Hospital	100% (prior authorization required)	80% (prior authorization required)	No copay (prior authorization required)	deductible and coinsurance
Inpatient physician	100% (prior authorization required)	80% (prior authorization required)	No copay (prior authorization required)	deductible and coinsurance
outpatient surgical facility	100%	80%	No copay (prior authorization required)	deductible and coinsurance
ambulance	100% (if emergency)	100% (if emergency)	No copay (prior authorization required)	deductible and coinsurance
pre-admission certification/concurrent review	Through participating provider	Penalty of 20%, up to \$500 for no certification; member responsibility	No copay	No copay
Mental Health			Through participating provider	Penalty of 20%, up to \$500, for no precertification
Inpatient	100% (prior authorization required)	80% (prior authorization required)		
Outpatient	\$15 copay	80%	No copay	
substance abuse				
Detoxification	100%	80%		
Inpatient	100% (prior authorization required)	80% (prior authorization required)		
Outpatient	\$15 Copay	80%		
Skilled nursing facility	100% (prior authorization required)	80%, up to 60 days per year (prior authorization required)		
Home Healthcare	100%	80%, p to 200 visits per year		
Hospice	100% (prior authorization required for inpatient)	80%, up to 60 days per year (prior authorization required for inpatient)		
Short-term rehabilitation and physical therapy		80%, up to 60 inpatient days; 30 outpatient days per condition, per year		
Diagnostic X-ray and lab	100%			
Pre-admission testing	100%-Site of Service preferred provider or 80% Site of Service nonpreferred provider	60% - out-of-network Site of Service Provider	No copay for lab and radiology services performed by site of Service (SOS) provider	20% coinsurance non-Site of Service (SOS) provider
emergency care	100%	80%		deductible and 40% coinsurance
urgent care	\$250 copay	\$250 copay		
LiveHealth Online			\$250 copay; waived if admitted	\$250 copay; waived if admitted
Urgent care	\$5 copay	Not applicable		
Walk-in center	\$15 copay	80%		
Durable medical equipment	\$15 copay	80%		
Prosthetics	100%	80%		
Routine eye exam	100%	80%		
Audiological screening	\$15 copay, one exam per year	50%, one exam per year	No copay	\$50 copay
	\$15 copay, one exam per year	80%, one exam per year	No copay	\$50 copay

ATTACHMENT 4

Cheryl Kaminsky

From: Humble, Alexandra <Alexandra.Humble@ct.gov>
Sent: Wednesday, March 22, 2023 12:34 PM
To: Papallo, Ashley
Subject: SPP ADMIN ONLY: 4/1 Change in Member Benefit Support Contacts

Partnership Plan Administrators,

On April 1, 2023, Quantum Health will replace Care Management Solutions, Inc. (CMSi) as the administrator for the Health Enhancement Program (HEP) for the State of Connecticut health plan. In addition, they will take over the member assistance role that was previously held by Health Navigator.

Quantum Health will offer the following enhanced services to Connecticut Partnership Plan members:

- State of Connecticut dedicated call center with 125 state-dedicated Care Coordinators ready to answer HEP and benefit questions on April 1st.
- A new member portal that includes HEP compliance status.
- Member portal access to for members to view their current medical plan information.
- Links to Anthem, CVS and Cigna Dental (when applicable) websites.

Our office is currently working on the implementation with Quantum. As we move forward past April 1st and for the upcoming 2023-24 open enrollment, we will share more information about Quantum's services and the member portal. We are hosting a quarterly utilization update meeting on April 18th & 20th where we will provide additional details.

Until then, please be assured that phone, email and website URLs associated with HEP or Health Navigators will appropriately re-direct to the Care Compass/Quantum Health portal or phone number. The new portal will be accessible through <https://www.osc.ct.gov/ctpartner/index.html>, starting April 1st.

For the Health Navigators to wind down their current member case load by April 1st. They will refer new claim inquiries to Anthem, Cigna and CVS customer service units as appropriate.

Effective April 1, 2023, Quantum Health will administer the HEP Program and be ready to take all HEP calls. They will also take benefit and open enrollment questions. Anthem, CVS and Cigna dedicated customer service teams will continue to help members with claims questions until the new plan year begins on July 1, 2023. On July 1st, all member questions relating to the health plan including benefits questions, claims, and HEP inquiries will go to Quantum Health. This will be a simplified resource for all members.

If you have additional questions, contact the Partnership Plan team at the Office of the State Comptroller, 860-702-3560.

Sincerely,

The Healthcare Policy and Services Division
The Office of the State Comptroller

Alexandra Humble

Office of the State Comptroller
Healthcare Policy & Benefit Services Division
165 Capitol Avenue, Hartford CT 06106
Phone: (860) 702-3560
Email: Partnershipplan@ct.gov
<http://www.osc.ct.gov/ctpartner/index.html>

ATTACHMENT 5

**OFFICE OF THE STATE
COMPTROLLER**

**HEALTHCARE COST
CONTAINMENT COMMITTEE**



**HEALTHCARE POLICY & BENEFIT
SERVICES DIVISION
165 CAPITOL AVENUE
HARTFORD, CT 06106-1775**

PHONE: (860) 702-3480 • FAX: (860) 702-3556

March 23rd, 2023

Re: CT Partnership Plan Renewal

Materials Innovation and Recycling Authority
Cheryl Kaminsky
200 Corporate Place
Suite 202
Rocky Hill, CT 06067

Dear Cheryl Kaminsky,

We have completed the 2023-24 healthcare rate renewal process for the Materials Innovation and Recycling Authority on Partnership 2.0. The exhibits below illustrate the renewal rates effective 7/1/2023.

Please contact the Partnership Team at (860) 702-3560 should you have questions or require additional information.

Thank you,

A handwritten signature in black ink, appearing to read "Joshua Wojcik".

Joshua Wojcik, Director
Health Care Policy & Benefit Services Division

Cc: Jennifer Roberts (Assured Partners)

Medical/Pharmacy Rates Effective 7/1/23			
Employee Status	Tier	w/HEP	w/o HEP
Active	Employee Only	\$1,074.61	\$1,174.61
	Employee + 1	\$2,298.46	\$2,398.46
	Employee + Family	\$2,808.41	\$2,908.41
Pre-65 Retiree	Employee Only	\$1,278.73	\$1,378.73
	Employee + 1	\$2,748.46	\$2,848.46
	Employee + Family	\$3,360.85	\$3,460.85
Post-65 Retiree (Non-Medicare)	Employee Only	\$2,275.49	\$2,375.49
	Employee + 1	\$4,942.67	\$5,042.67
	Employee + Family	\$6,054.04	\$6,154.04

	7/1/23 Rates	7/1/22 Rates	\$ Amt increase	% increase
Employee Only	\$ 1,074.61	\$ 999.63	\$ 74.98	7.5
Employee +1	\$ 2,298.46	\$ 2,145.50	\$ 152.96	7.13
Employee + Family	\$ 2,808.41	\$ 2,622.95	\$ 185.46	7.07

ATTACHMENT 6

COBRA Administration



Benefit Horizons- COBRA Administration Partner

Benefit Horizons

Friday, August 19, 2022

Dashboard Group Info Events Reports Help

Company: Middlesex Center for Advanced Orthopedic

User Name: MiddlesexCtrAdvOrtho [Logout]

System Message

Database last updated: 8/2/2022

How To Use This Site

This site has been separated into five (5) categories:

Dashboard
When administering COBRA, the Dashboard keeps you informed – TPA Contact Information, The Queue, and System Messages.

Group Info
Be sure that your information is always up-to-date from the Group Info page – Your Login Credentials, Company Information, and Insurance Plan Information can be found here. If you find erroneous information, please contact your Administrator.

Events

Queue

The queue is empty.

Legend:

- Qualifier
- Voluntary Remove
- Added Dependent
- New Hire
- Address Change
- Plan Change

COBRA Vendor	Benefit Horizons
Initial Setup Fee	2-50 Covered EEs - \$50.00 51-100 Covered EEs - \$100.00 101-250 Covered EEs- \$150.00 251-500 Covered EEs- \$250.00 +\$50.00 COBRA Companion Fee
Location	Glastonbury, CT
Per Employee Per Month Cost	\$.55 (no monthly minimum) Plus 2% Cobra Admin
Renewal Fee	\$1.50 per covered Employee +\$50.00 COBRA Companion Fee
Initial Notices	Included
QB Letters	Included
Open Enrollment	Included
Carrier Eligibility	Included

ATTACHMENT 7

HR Quarterly Report

Year	Quarter
2023	1st Qtr (March)

Current	
Full time	15
Part time	0
Salaried	8
Hourly	7
Total Employees	15
Temps	0

Changes	
New Hire	0
Dismissal	0
Resignations	0
RIF	4
Raises	7/1/2022
Promotions	0
Probation	0

Benefits	
Traditional	12
Opt-out	3
Provider	Anthem
Broker	Assured Partners
Renewal date	7/1/2023
dental, vision, grp & vol life	Boston PPI
Renewal date	7/1/2023

Medical Coverage Status	
	3/31/2023
Family	4
E+1	3
EO	5
Total	12

Demographics	
Female	5
Male	10
Average Age	51.6
Avg Length of Service	16.07
Hartford Residents	0
Participating Town Residents	2
401K	
Below 5%	3
Employees with loans	3

Wellness	
FY 23 (Jul - Mar)	7

Injuries (YTD)	
WC/Non WC	
Medical/FMLA	
Lost Time	
OSHA	

* 4 out of the 7 are employees who have been RIF'd.