SPECIAL MEETING OF THE COMMON COUNCIL
OF THE CITY OF PLATTSBURGH, NEW YORK
October 13, 2016
5:00 P.M.

MINUTES

Present: Mayor James Calnon, Councilors Rachelle Armstrong (W1), Mike Kelly (W2), Dale Dowdle (W3), Paul O'Connell (W4), Becky Kasper (W5), Joshua Kretser (W6)
Absent: **None**
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1. PERSONS ADDRESSING COUNCIL:

Gary Brandstetter, President of Plattsburgh City Retirees asked Council to defeat resolution.

Bruce Bordeau asked Council to defeat resolution.

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2. OTHER ITEMS:

A. RESOLVED: That the City shall no longer provide health insurance benefits through the self-funded Traditional Blue Plan or the premium based Humana Company to medicare eligible retirees and all such medicare eligible retirees shall be provided with health insurance benefits pursuant to United Healthcare Plans F and D, a summary of which is attached.

By Councilor Kasper; Seconded by Councilor Dowdle
Discussion: Yes
Roll call: Councilors Armstrong, Kelly, Dowdle, O'Connell, Kasper, Kretser
(Councilors Armstrong, Kelly, O'Connell and Kretser voted in the negative. Councilors Dowdle and Kasper voted in the affirmative)
ACTION TAKEN: Defeated
Follow up Action: None
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Motion to Adjourn by Councilor Armstrong; Seconded by Councilor O'Connell
Roll call Councilors Armstrong, Kelly, Dowdle, O'Connell, Kasper, Kretser
(All voted in the affirmative)
MEETING ADJOURNED: 5:54pm

SCHEDULE OF MEDICAL BENEFITS
Traditional Blue 998 – Class 0001

Class 0001	Basic Benefit	Major Medical	Limitations and Explanations			UnitedHealthcare Option 1: Senior Supplement Plan F
Individual Lifetime Maximum Benefit	Unlimited					N/A
Individual Deductible	$0	$100	The family deductible applies collectively to			Plan pays Part A and Part B deductibles
Family Deductible	$0	$200				N/A
Coinsurance	100%	80%	Coinsurance percentages represent the portion of covered expenses paid by the Plan after satisfaction of any applicable deductible.			100%
Individual Maximum Out-Of-Pocket Amount	$0	$500	Excludes deductible. When a covered			N/A

Class 0001	Basic Benefit			Major Medical	Limitations and Explanations	UnitedHealthcare Option 1: Senior Supplement Plan F
	Par	In-Area** Non-Par	Out-of-Area Non-Par			
Allergy Testing & Injections	N/A	N/A	N/A	80%*		100%
Ambulance – Ground	100%	100%	100%	N/A		100%
Ambulance – Volunteer	N/A	N/A	N/A	80%*	Limited to $25 per trip.	Limited medically necessary non-emergency ambulance transportation may be available if Medicare criteria are met.
Ambulance – Air	N/A	N/A	N/A	80%*		Medicare may pay for emergency ambulance transportation in an airplane or helicopter if your health condition requires immediate and rapid ambulance transportation that ground transportation can't provide.
Anesthesia	100%	100%	100%	N/A		100%
Artificial Insemination – Physician	100%	100%	100%	N/A		Not covered
Cardiac Rehabilitation	N/A	N/A	N/A	80%*	Limited to 24 visits per calendar year following an acute heart condition.	100%
Chemotherapy / Radiation Therapy	100%	100%	100%	N/A		100%

*Deductible applies

**In-Area includes the following counties: Clinton, Essex, Warren, Washington, Saratoga, Fulton, Montgomery, Schenectady, Albany, Rensselaer, Schoharie, Greene and Columbia.

Certain services rendered by non-participating providers are paid at 100% up to the usual and customary amount under the Basic benefits of the Plan. Any balance over the usual

Class 0001	Basic Benefit			Major Medical	Limitations and Explanations	UnitedHealthcare Option 1: Senior Supplement Plan F
	Par	In-Area** Non-Par	Out-of-Area Non-Par			
Chiropractic Care	N/A	N/A	N/A	80%*		Chiropractic Medicare covered visits; Covered 100% by plan
Routine Chiropractic Care	N/A	N/A	N/A			Not Covered
Diabetic Education	N/A	N/A	N/A	80%*	Services obtained from a participating certified diabetic educator are covered in full.	100%
Diabetic Equipment & Supplies	N/A	N/A	N/A	80%*		100%
Diagnostic Laboratory Services	100%	100%	100%	N/A		100%

Diagnostic MRI / MRA / PET / CT	100%	100%	100%	N/A	Prior authorization is required.	100%
Diagnostic X-Ray	100%	100%	100%	N/A		100%
Dialysis - Facility	100%	100%	100%	N/A		100%
Dialysis - Physician	N/A	N/A	N/A	80%*		100%
Durable Medical Equipment	N/A	N/A	N/A	80%*	Prior authorization is required for some equipment.	100%
Home Health Care	100%	100%	100%	N/A	Prior authorization is required for home health aid only. Limited to 40 visits per calendar year.	100%
Hospice Care	100%	100%	100%	N/A		100%
Hospital -Emergency Room	100%	100%	100%	N/A		100%
Hospital - Inpatient Acute Physical Rehabilitation Facility	100%	100%	100%	N/A	Prior authorization is required.	100%
Hospital - Inpatient Substance Abuse	100%	100%	100%	N/A	Prior authorization is required.	100%
Hospital - Inpatient Mental Health	100%	100%	100%	N/A		100%
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	Par	In-Area** Non-Par	Out-of-Area Non-Par			
Hospital - Inpatient Treatment Of Other Covered Conditions	100%	100%	100%	N/A	Prior authorization is required.	100%
Hospital - Outpatient Ambulatory Surgery or Free-Standing Surgical Facility	100%	100%	100%	N/A		100%
Hospital - Pre-Admission Testing	100%	100%	100%	N/A	Should be performed within 7 days prior to admission.	100%
Hospital - Urgent Care Center	N/A	N/A	N/A	80%*		100%
Hospital - All Other Outpatient Services	100%	100%	100%	N/A		100%
Infusion Therapy	N/A	N/A	N/A	80%*		100%
Medical Supplies	100%	Not covered	80%	N/A	Out-of-area non-participating is paid at 80% when billed with a covered room service.	100%
Orthoptic Therapy	N/A	N/A	N/A	80%*	Prior authorization is required.	Not covered
Orthotics & External Prosthetics	N/A	N/A	N/A	80%*		100%
Outpatient Therapy - Mental Health	N/A	N/A	N/A	80%*		100%
Outpatient Therapy – Crisis Intervention	N/A	N/A	N/A	100%		100%
Outpatient Therapy –Substance Abuse	100%	100%	100%	N/A		100%
Physician Visit-Emergency Room	100%	100%	100%	N/A		100%

Physician Visit- Office / Clinic	N/A	N/A	N/A	80%*		100%
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	Par	In-Area** Non-Par	Out-of-Area Non-Par			
Physician Visit- Inpatient	100%	100%	100%	N/A	Limited to 1 visit per day per physician.	100%
Physician – Inpatient Surgeon	100%	100%	100%	N/A		100%
Physician – Hospital or Free-Standing Surgical Center Surgeon	100%	100%	100%	N/A		100%
Physician – Office Surgeon	100%	100%	100%	N/A		100%
Physician – Assistant Surgeon	100%	100%	100%	N/A	Assistant surgeon in a physician's office is not covered.	100%
Post-Mastectomy Prosthetic – Facility	100%	100%	100%	N/A	Limited to 1 per affected breast per	100%
Post-Mastectomy Prosthetic – Physician	N/A	N/A	N/A	80%*		100%
Post-Mastectomy Surgical Bra	N/A	N/A	N/A	80%*	Limited to 4 per calendar year.	100%
Preventive Care – Routine Physical (Age 50+)	Covered up to $50 max per year				Limited to a maximum of $50 per calendar	100%
Preventive Care – Well Child Care (Birth to age 18)	100%	100%	100%	N/A	Includes immunizations.	Not covered
Preventive Care – OB/GYN	100%	100%	100%	N/A	Limited to 1 examination including	100%
Preventive Care – Mammograms	100%	100%	100%	N/A		100%
Preventive Care – Colonoscopy	100%	100%	100%	N/A		100%
Preventive Care – PSA Test	100%	100%	100%	N/A		100%
Private Duty Nursing	N/A	N/A	N/A	80%*	Prior authorization is required. Limited to 750 hours per calendar year.	Not covered
Rehabilitative Therapy –Physical/ Occupational/ Speech/Inhalation	100%	100%	100%	N/A	Limited to an aggregated limit of 120 visits per calendar year.	100%
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Surgical procedures in a physicians office	Subject to deductible and coinsurance					100%
Routine Vision	Not Covered					Not covered

Routine Dental	Not Covered					Not covered
Hearing aids and exams	Not Covered					Not covered
Class 0001	Basic Benefit			Major Medical	Limitations and Explanations	UnitedHealthcare Option 1: Senior Supplement Plan F
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Other preventative services					N/A	Plan will cover per Medicare guidelines
Skilled Nursing Facility	100%	100%	100%		Prior authorization required; Limited to 100 days per calendar year	100%
Worldwide Coverage					Limited-subject to paper filing and reimbursement	Remainder After Foreign Travel $250 Deductible Has Been Met, Covered 80% by Plan Up To $50,000 Lifetime Maximum Coverage.
Membership to local fitness centers	Not Covered					Fitness Included
Smoking Cessation	Not Covered					Smoking Cessation Medicare covered visits; Covered 100% by plan
Pharmacy - Tier 1	$0				Mandatory Mail Order with 2 copays	$7
Tier 2	$10					$15
Tier 3	$10					$30
Tier 4	$10					$30