



Human Resources & Insurance Committee

Thursday, September 8, 2022 3PM

40 McMaster Street, Ballston Spa, NY

Chair: Kevin Tollisen

Members:

Diana Edwards
Joe Grasso-VC
Mark Hammond
Jonathan Schopf
Kevin Veitch
Tom Wood

- I. Welcome and Attendance

- II. Approval of the minutes of the August 4, 2022 meeting.

- III. Workers Compensation Report

- IV. Resolution(s) Authorizing Benefit Renewal Agreements
 - a) CDPHP
 - b) MVP
 - c) MetLife

- V. Other Business

- VI. Adjournment

**Human Resources and
Insurance Committee
Meeting**

September 8, 2022





**Data
for July 2022**



Participant	Total Paid	Claims Received	24/7 Utilization	
			Yes	No
City of Mechanicville-Public Works	\$1,383.56	1	1	0
City of Saratoga Springs-All Other	\$690.27	0	0	0
City of Saratoga Springs-Fire Department	\$4,336.44	1	1	0
City of Saratoga Springs-Police Department	\$7,251.73	0	0	0
City of Saratoga Springs-Public Works	\$10,037.42	1	1	0
Clifton Park Halfmoon Emergency Corp-Paid	\$824.24	0	0	0
Clifton Park Water Authority	\$3,778.61	0	0	0
Community Emergency Corps-Paid	\$2,016.69	0	0	0
Malta-Stillwater Ambulance Corps-Volunteer	\$1,298.05	0	0	0
Moreau Emergency Squad-Paid	\$8.50	0	0	0
Saratoga Co -Public Works Building & Grnds	\$2,225.37	1	1	0
Saratoga Co. -Office of Emergency Services	\$378.50	0	0	0
Saratoga County-Animal Shelter	\$3,540.00	1	1	0
Saratoga County-District Attorney	\$127.90	0	0	0
Saratoga County-Maplewood Manor	\$5,923.09	0	0	0
Saratoga County-Public Works Highway	\$2,442.28	1	1	0
Saratoga County-Sewer District	\$4,646.87	0	0	0
Saratoga County-Sheriff	\$15,534.28	6	6	0
Saratoga County-Social Services	\$1,078.89	3	3	0
Schuylerville-Victory Board-Water Mgmt	\$1,109.64	0	0	0
Town of Clifton Park-All Other	\$262.52	2	2	0
Town of Clifton Park-Public Works	\$93.11	0	0	0
Town of Edinburg-All Other	\$2,193.68	0	0	0
Town of Galway-All Other	\$0.00	1	1	0
Town of Galway-Public Works	\$254.00	0	0	0
Town of Hadley-Public Works	\$463.05	0	0	0
Town of Halfmoon-All Other	\$8.50	1	1	0



**Data
for July 2022**



Participant	Total Paid	Claims Received	24/7 Utilization	
			Yes	No
Town of Malta-All Other	\$430.35	0	0	0
Town of Milton-All Other	\$255.00	0	0	0
Town of Milton-Public Works	\$261.56	1	0	1
Town of Moreau-All Other	\$1,628.79	0	0	0
Town of Northumberland-All Other	\$5.00	0	0	0
Town of Stillwater-All Other	\$51.40	2	2	0
Town of Waterford-All Other	\$15.00	0	0	0
Town of Waterford-Public Works	\$67.58	0	0	0
Village of Ballston Spa-All Other	\$0.00	1	1	0
Village of Ballston Spa-Public Works	\$2,693.59	0	0	0
Village of Corinth-Public Works	\$127.00	0	0	0
Village of South Glen Falls-Police Dept.	\$611.50	0	0	0
Vol Fire Dept-Ballston Lake Fire Dept.	\$1,225.92	0	0	0
Vol Fire Dept-Clifton Park-Vischer Ferry Fre	\$44.89	0	0	0
Vol Fire Dept-Greenfield Fire District	\$5,822.37	0	0	0
Vol Fire Dept-Northside Fire Dist-FB Peck Hs	\$377.00	0	0	0
Vol Fire Dept-Northumberland-Gansevoort Fire	\$1,265.75	0	0	0
Vol Fire Dept-Stillwater-Arvin Hart Co	\$21.24	0	0	0
Vol Fire Dept-Vil of Round Lake Fire Co	\$0.00	1	1	0
Vol Fire Dept-Vil of Schuylerville-Schuyler	\$4,620.00	0	0	0
Vol Fire Dept-Vil of South Glens Falls Fire	\$2,610.49	0	0	0
Vol Fire Dept-Vil of Stillwater-Newland Wd	\$1,600.00	0	0	0
Volunteer Fire Dept.-Wilton Fire Dept.	\$32.00	0	0	0
Waterford Water Commission	-\$3.50	0	0	0
Wilton Emergency Squad-Paid	\$2,440.65	2	2	0
	\$98,110.77	26	25	1



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office
Audra Hedden, County Administrator's Office

DEPARTMENT: Human Resources

DATE: August 24, 2022

COMMITTEE: Human Resources & Insurance

RE: Capital District Physicians' Health Plan, Inc. Renewal 2023

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

Authorizing Health Insurance contract with Capital District Physicians' Health Plan, Inc for 2023

3. Specific Details on what the resolution will authorize:

A Health Insurance contract with CDPHP effective January 1, 2023 to administer our medical and prescription services, including the aggregate stop loss insurance at a projected cost of \$23,662,384.24, inclusive of optional additional benefits for County management.

This column must be completed prior to submission of the request.



County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office
 Consulted

Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted MS.17.000-8640 & MS.17.000-8642
- b. Budget year impacted 2023
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

Agreement with CDPHP for provision of medical and prescription drug health insurance for eligible employees and retirees from County employment for the period January 1, 2023 through December 31, 2023 at a projected cost of \$23,662,384.24, inclusive of optional additional benefits for County management employees. Premium amounts include the stop loss insurance and current number of employee participation.

***Attached is a copy of last year's resolution.



10/19/21

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~267-2021~~

Introduced by Supervisors Tollisen, Grasso, Lant, Richardson, Schopf, Veitch and Wood

AUTHORIZING A HEALTH INSURANCE CONTRACT WITH CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC. FOR ~~2022~~

WHEREAS, pursuant to Resolution ~~209-2020~~,^{267-2021,} this Board authorized an agreement with Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term from January 1, ~~2021~~ through December 31, ~~2021~~; and ~~2022~~²⁰²²

WHEREAS, Capital District Physicians' Health Plan, Inc. ("CDPHP") has submitted a proposal for the renewal of its contract for the provision of medical and prescription health insurance and administrative services for ~~2022~~²⁰²³ at a projected cost of ~~\$23,205,098.44~~^{\$23,662,884.24}, inclusive of optional additional benefits for County management employees which consist of, but are not limited to, increased reimbursement for specified medical procedures and access to CDPHP's Wellness and Rewards Programs; and

WHEREAS, our Human Resources and Insurance Committee and the Director of Human Resources have recommended that the County accept the proposal of Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term January 1, ~~2022~~ through December 31, ~~2022~~; now, therefore, be it ~~2023~~²⁰²³

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements including Stop/Loss insurance agreements needed with Capital District Physicians' Health Plan, Inc. for the provision of medical and prescription health care insurance and administrative services for County employees for the term from January 1, ~~2022~~ through December 31, ~~2022~~ at a projected cost of ~~\$23,205,098.44~~^{\$23,662,884.24}, subject to such agreements excluding the imposition of any late payment interest penalties; and, be it further ~~2023~~²⁰²³

RESOLVED, that the form and content of such agreements shall be subject to the approval of the County Attorney; and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: None. Funds for this agreement will be placed in the ~~2022~~²⁰²³ Tentative budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
Ridge Harris, Deputy County Administrator
Michael Hartnett, County Attorney
Therese Connolly, Clerk of the Board
Stephanie Hodgson, Director of Budget

CC: Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office
Audra Hedden, County Administrator's Office

DEPARTMENT: Human Resources

DATE: August 24, 2022

COMMITTEE: Human Resources & Insurance

RE: MVP Health Insurance Renewal 2023



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

AUTHORIZING HEALTH INSURANCE CONTRACT WITH MVP HEALTHPLAN, INC. FOR MEDICARE RETIREES FOR 2023

3. Specific Details on what the resolution will authorize:

Authorizing a renewal agreement with MVP Insurance Company to provide coverage under the Medicare Advantage Plan for Retirees that are enrolled in Medicare at a projected cost of \$3,816,471.98 effective January 1, 2023.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input checked="" type="checkbox"/>
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Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted MS.17.000-8641.R
- b. Budget year impacted 2023
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

Agreement with MVP for provision of medical and prescription drug health insurance for Medicare eligible retirees from County employment for the period January 1, 2023 through December 31, 2023 at a projected cost of \$3,816,471.98 (0% increase), subject to the agreement excluding the imposition of any late payment interest penalties.

***Attached is a copy of last year's resolution.



10/19/21

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION ~~269-2021~~

Introduced by Supervisors Tollisen, Grasso, Lant, Richardson, Schopf, Veitch and Wood

AUTHORIZING AN AGREEMENT WITH MVP HEALTH PLAN, INC. FOR ALL MEDICARE ELIGIBLE RETIREES FOR ~~2022~~

WHEREAS, pursuant to Resolution ~~207-2020~~ ²⁶⁹⁻²⁰²¹, this Board authorized an agreement with MVP Health Plan, Inc. for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ~~2021~~ through December 31, ~~2021~~; and ²⁰²² ~~2021~~ ²⁰²²

WHEREAS, MVP Health Plan, Inc. has submitted a proposal for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment for ~~2022~~ at a projected cost of \$3,624,756.48; and ²⁰²³ ~~2022~~ ^{\$3,816,471.98}

WHEREAS, our Human Resources and Insurance Committee and the Director of Human Resources have recommended that the County accept the proposal of MVP Health Plan, Inc. for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ~~2022~~ through December 31, ~~2022~~; now, therefore, be it ²⁰²³ ~~2022~~ ²⁰²³

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements needed with MVP Health Plan, Inc. of Schenectady, New York, for the provision of medical and prescription drug health care insurance for Medicare eligible retirees from County employment under MVP's Medicare Advantage Plan for the term January 1, ~~2022~~ through December 31, ~~2022~~ at a projected cost of \$3,624,756.48, subject to such agreement ²⁰²³ ~~2022~~ ^{\$3,816,471.98} excluding the imposition of any late payment interest penalties; and, be it further

RESOLVED, that the form and content of such agreement shall be subject to the approval of the County Attorney; and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: None. Funds for this agreement will be placed in the ~~2022~~ ²⁰²³ Tentative budget.



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

TO: Steve Bulger, County Administrator
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CC: Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Clare Giammusso, County Attorney's Office
Audra Hedden, County Administrator's Office

DEPARTMENT: Human Resources

DATE: August 24, 2022

COMMITTEE: Human Resources & Insurance

RE: Dental - Metropolitan Life Insurance Renewal 2023



This column must be completed prior to submission of the request.

1. Is a Resolution Required:

Yes, Contract Renewal

2. Proposed Resolution Title:

AUTHORIZING DENTAL INSURANCE CONTRACT WITH METROPOLITAN LIFE INSURANCE COMPANY, INC FOR 2023

3. Specific Details on what the resolution will authorize:

Authorize a fully-insured Dental Health Insurance contract renewal with MetLife effective January 1, 2023 at a projected cost of \$925,696.75.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input checked="" type="checkbox"/>
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Please see attachments for impacted budget lines.
 (Use ONLY when more than four lines are impacted.)

Revenue

Account Number	Account Name	Amount

Expense

Account Number	Account Name	Amount

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted MS.17.000-8641.DNTL
- b. Budget year impacted 2023
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

a. Is a new position being created? Y N

Effective date

Salary and grade

b. Is a new employee being hired? Y N

Effective date of employment

Salary and grade

Appointed position:

Term

c. Is this a reclassification? Y N

Is this position currently vacant? Y N

Is this position in the current year compensation plan? Y N

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

a. Source of grant funding:

b. Agency granting funds:

c. Amount of grant:

d. Purpose grant will be used for:

e. Equipment and/or services being purchased with the grant:

f. Time period grant covers:

g. Amount of county matching funds:

h. Administrative fee to County:

9. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

Agreement with MetLife for provision of Dental Health Care Insurance for County Employees and the offering of voluntary dental Health Care Insurance Plans to County Retirees for the term January 1, 2023 through December 31, 2023 at a projected cost of \$925,696.75 (0% increase). Premium amounts include current number of employee participation.

***Attached is a copy of last year's resolution



10/19/21

SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 268--2021

Introduced by Supervisors Tollisen, Grasso, Lant, Richardson, Schopf, Veitch and Wood

AUTHORIZING A DENTAL HEALTH INSURANCE CONTRACT WITH METROPOLITAN LIFE INSURANCE COMPANY, INC. FOR ~~2022~~ 2023

WHEREAS, pursuant to Resolution ~~208-2020~~ ²⁶⁸⁻²⁰²¹, this Board authorized an agreement with Metropolitan Life Insurance Company, Inc. ("MetLife") for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for the term January 1, ~~2021~~ through December 31, ~~2021~~; and ²⁰²² ~~2021~~ ²⁰²²

WHEREAS, MetLife has submitted a proposal for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for ~~2022~~ ²⁰²³ at a projected cost of ~~\$849,627.12~~; and ^{\$925,696.75}

WHEREAS, our Human Resources and Insurance Committee and the Director of Human Resources have recommended that the County accept the proposal of MetLife for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees for the term January 1, ~~2022~~ through December 31, ~~2022~~; now, therefore, be it ²⁰²³ ~~2022~~ ²⁰²³

RESOLVED, that the Chair of the Board is hereby authorized to execute any and all agreements needed with Metropolitan Life Insurance Company, Inc. for the provision of dental health care insurance for County employees and the offering of voluntary dental health care insurance plans to County retirees, for the term from January 1, ~~2022~~ through December 31, ~~2022~~ ²⁰²³, at a projected cost of ~~\$849,627.12~~ ^{\$925,696.75} subject to such agreements excluding the imposition of any late payment interest penalties; and, be it further ~~2023~~

RESOLVED, that the form and content of such agreements will be subject to the approval of the County Attorney; and, be it further

RESOLVED, that this Resolution shall take effect immediately.

BUDGET IMPACT STATEMENT: None. Funds for this agreement will be placed in the ~~2022~~ ²⁰²³ Tentative budget.