

**CITY OF COLUMBIA
SPECIAL CALLED MEETING MINUTES
WEDNESDAY, APRIL 22, 2009 – 5:00 PM
CITY HALL - 1737 MAIN STREET – 3RD FLOOR**



The Columbia City Council met for a Special Called Meeting on Wednesday, April 22, 2009 in the City Hall Council Chambers located at 1737 Main Street, Columbia, South Carolina. The Honorable Mayor Robert D. Coble called the meeting to order at 4:55 p.m. The following members of Council were present: The Honorable E.W. Cromartie II, The Honorable Tameika Isaac Devine, The Honorable Daniel J. Rickenmann and The Honorable Kirkman Finlay. The Honorable Belinda F. Gergel arrived at 5:03 p.m. and The Honorable Sam Davis arrived at 5:04 p.m. Also present were Mr. Steven A. Gantt, Interim City Manager and Ms. Erika D. Salley, City Clerk.

CONSIDERATION OF HOME FOR HANDICAP PERSONS

1. In accordance with §6-29-770 (E) of the South Carolina Code of Laws, United Cerebral Palsy of South Carolina, Inc. sends notice of its intent to occupy 1672 Shady Lane with four persons.

Upon motion by Mr. Finlay, seconded by Mr. Rickenmann, Council voted unanimously to withdraw the City of Columbia's objection to the Cerebral Palsy of South Carolina's notice of intent to occupy 1672 Shady Lane by four persons.

- **Council recessed at 4:57 p.m.**
- **Council convened the Town Hall Meeting at 5:00 p.m.**

TOWN HALL MEETING

2. Discussion of Retiree Benefits

Councilor Rickenmann explained that representatives of Blue Cross Blue Shield are here today to walk through the current plan and to provide an overview of the changes in healthcare benefits for post-65 retirees; supplemental policies; and then the pre-65 plan. We apologize if it appears that we haven't included everyone in the process; therefore, we will compose a committee consisting of two (2) representatives from the retirement community; two (2) representatives from the active employee community; two (2) representatives from City Council; a representative from the Human Resources Department; and a third party consultant that will help us go through the data on a quarterly basis to determine where healthcare costs are going and cost saving tips. We will also create a newsletter, e-mail, written correspondence and a website for future communications.

- **Dr. Gergel joined the meeting at 5:03 p.m.**
- **Mr. Davis joined the meeting at 5:04 p.m.**

Mr. David Gwin, Director of the Large Accounts Unit / Columbia Regional Office for Blue Cross Blue Shield explained that the plan for post-65 retirees is being developed and it will function as a Medicare supplement. You will have the same drug benefit as active employees.

Councilor Rickenmann said that instead of getting an off the shelf supplement plan, we want to create one that's as seamless as possible and easy for everyone to use. The Medicare will be your first line of defense; this supplemental policy will be your second and the City of Columbia will pay for that. If your spouse is Medicare-eligible then they will pay a portion of the cost for the supplemental policy just as an active employee would. It would cost \$45 to \$52. I know there are post-65 retirees with younger spouses and dependents and they will be handled like active employees.

Mr. David Gwin, Director of the Large Accounts Unit / Columbia Regional Office for Blue Cross Blue Shield continued to explain that there are two plans: Option A and Option B. With both plans you will have in and out-of-network benefits; the deductible on the core plan is \$500 for an individual; three family members must meet the deductible per family; and the in and out-of-network deductibles are combined. On the buy-up plan, it's a \$250 deductible, in and out-of-network. For the core plan the out-of-pocket is \$2,000 individually and \$4,000 for a family; in-network is \$2,500 or \$5,000 for family out-of-network on the core plan. And again those are combined, so if you met a \$2,000 in-network deductible and went to an out-of-network facility you would pay an additional \$500 on the out-of-pocket for the core plan. The buy up plan is \$1,000 and \$2,000; in-network \$2,500; and \$5,000 out-of-network. Co-insurance is 80/60 on the core plan; the City pays 80% of the bill charged and you pay 20% up to those maximums or 90/70 on the buy-up. One big enhancement to the current plan is that the City has raised the lifetime maximum to \$2 million. That doesn't mean that you get an additional \$2 million; it means that you get an additional \$1 million from whatever you are today. To go to your primary care physician under the core plan you pay \$20 and under the buy-up plan you pay \$15. If you go to a specialist in-network the co-pay is \$30 on the core plan and \$25 on the buy-up plan. There aren't too many out-of-network doctors; mostly everybody is in the network. Other physician services such as being seen in the hospital, allergy shots or x-rays will cost the deductible and then 80% on the core plan and 90% on the buy-up plan. The out-of-network deductible is 60% on the core plan and 70% on the buy-up plan. Another big enhancement is under the current plan you have preventive care covered at 100% up to \$100; if you are younger than 39 it was every other year; and if you are 40 and above, it's every year. Now for physicals and well child care you will pay a \$20 co-pay and then its covered at 100% every year; no \$100 max; and ladies still get mammograms at 100%; and the pap smears and prostate screenings are covered at 100%; in the buy-up plan the co-pay is \$15; and those services are not covered out-of-network. He added that you are still allowed five (5) chiropractic visits per month and the deductible is 80% under either plan in-network. If you have to be admitted to the hospital or a skilled nursing facility there is an 80% deductible in-network and 60% out-of-network on the core plan and 90% in-network and 70% out-of-network. Outpatient is the same way; the ambulance is the deductible at 80% if it's in-network under the core plan and 90% on the buy-up plan. There is a \$150 co-pay and then 80% for emergency room visits under the core plan and on the buy-up plan its \$150 then 90%. If you are admitted to the hospital the co-pay is waived and it just becomes a routine inpatient stay. Home health and hospice is covered at 100% after the deductible is paid under both plans and in-network. Physical therapy has the same \$1,000 max and mental health and substance abuse are just like a hospital stay. There are big changes with prescriptions. Under your current plan today you pay for the prescription at the Blue Cross Blue Shield discount and then you have to file to us for reimbursement for that prescription. Under the new plan you will pay \$5 for generic; \$25 for a preferred brand; or \$40 for a non-preferred brand. There's no filing for reimbursements; you just pay the fee as outlined. He informed the audience that these are the prices under the plan, but if a pharmacy is offering a cheaper rate then you would pay that rate being offered. He provided a Preferred Drug List.

- **The Council began receiving input from current retirees in the audience at 5:15 p.m.**

There was an in-depth question and answer session. No action was taken.

- **Mr. Finlay left the meeting at 5:39 p.m.**
- **Council adjourned the meeting at 7:40 p.m.**

Respectfully submitted by:

Erika D. Salley
City Clerk