



Condition Critical:

# Can Health Insurance Consortia Rein In School District Health Care Costs?

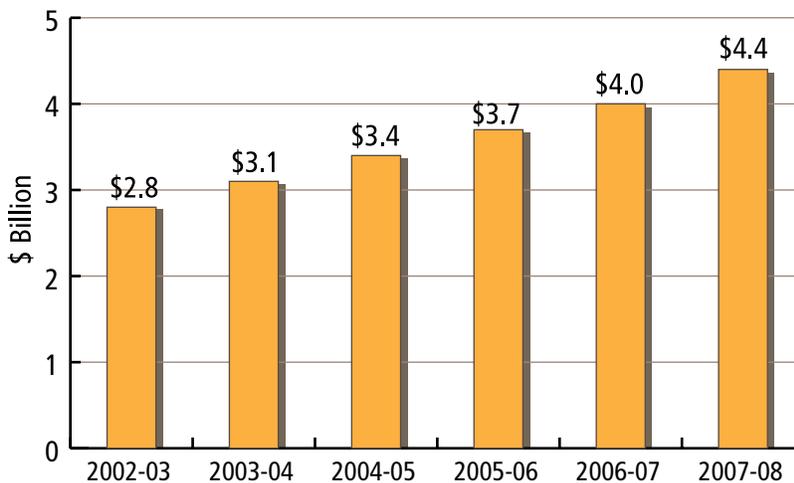
During the holidays last year, the Tonawanda City School District outside of Buffalo was given a lump of coal by its health insurance carrier: the district was socked with an unexpected premium increase of 28 percent for the 2009-10 school year.

Tonawanda is not alone among school districts in grappling with rising health care costs. Statewide, school district expenditures for employee health insurance rose a whopping 57 percent between 2002-03 and 2007-08 (from \$2.8 billion to \$4.4 billion)<sup>1</sup> — an average of 11.4 percent each year (see Figure 1).



## Health Care Costs Plague Schools — and Taxpayers

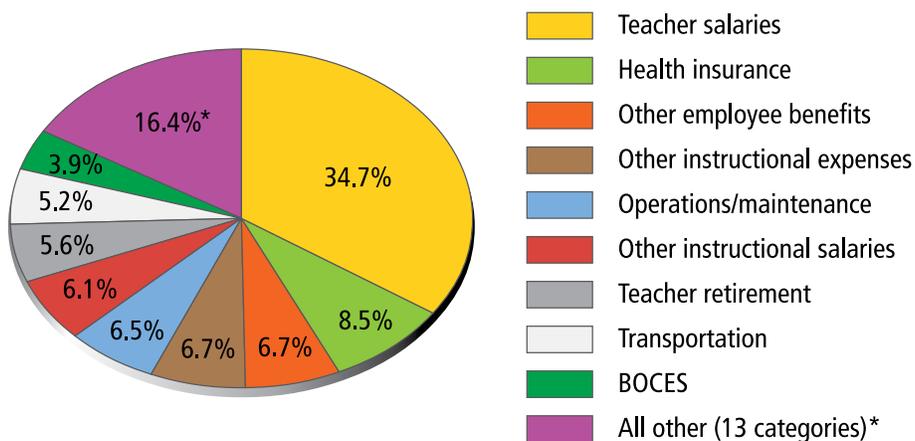
**Figure 1: Total school district health care expenditures, by year**



Source: New York State Education Department, Fiscal Analysis and Research Unit

And the health insurance line item in district budgets is growing. The percentage of expenses devoted to health care in the 2007-08 school year was approximately 8.6 percent.<sup>2</sup> In 2002-03, the percentage was 7.4 percent.<sup>3</sup> Excluding capital projects, health insurance represents the second largest school district expenditure. Only teacher salaries are higher (see Figure 2).<sup>4</sup>

**Figure 2: Average school district expenditures by category, 2007-08**



\* "All Other" includes expenditures in 10 categories (board of education, central administration, curriculum development and support instructional salaries, tuition paid to other districts, community service, pupil personnel services instructional salaries, other undistributed, debt service principle, debt service interest, and other), each of which is less than 3.2 percent of total expenditures.

Source: New York State Education Department, Fiscal Analysis and Research Unit

The trend in New York mirrors what is happening nationally.

U.S. health care spending in 2007 was a staggering \$2.4 trillion.<sup>5</sup> Health insurance premiums nationwide rose, on average, about 10.7 percent from 2007 to 2008, while prescription drug costs increased by 11.7 percent.<sup>6</sup>

And in an ominous sign, the Centers for Medicare & Medicaid Services expects national health spending to grow by 6.2 percent per year through 2018 — faster than projected growth in the nation's gross domestic product.<sup>7</sup>

The steady increase in health care costs is the result of many factors, including expensive new health care technologies, coverage for increasing numbers of medical procedures, the practice of defensive medicine, and an aging population that uses more health care services.<sup>8</sup>

As health insurance consumes more and more taxpayer resources, public schools in New York State are looking for ways to contain costs — without reducing health benefits or passing on exorbitant co-pays or deductibles to their more than 810,000 employees, retirees and dependents.<sup>9,10,11,12</sup> One option may be to join a health insurance consortium.

An August 2008 poll of school board members conducted by the New York State School Boards Association (NYSSBA) found that about one-third of respondents said joining some kind of purchasing consortium, such as for health insurance, would be the most effective action their district could take to control costs. A follow-up poll in November 2008 revealed that school board members believe joining a health care consortium would be a more effective cost-saving measure than merging with another district, sharing back-office operations with other districts, entering a regional energy purchasing cooperative, or joining a regional transportation agreement.

These two polls were the catalyst for the following examination by NYSSBA of school health insurance consortiums.



## Health Insurance Consortiums: An Rx for High Health Care Costs?

For school districts that are struggling to rein in expenses, health insurance consortiums may be a viable cost-saving solution. A school health insurance consortium is essentially a group of school districts that join together to purchase health insurance for their employees, usually through a local Board of Cooperative Educational Services (BOCES). NYSSBA counts more than half of New York's 735 school districts and BOCES as members of one of some 31 multi-district health insurance consortiums around the state (see Appendix on page 11).

Across New York, school districts have reported savings through health care consortiums. For example:

- The Rochester Area School Health Plan, a consortium affiliated with Monroe 2 BOCES, expects to save about \$67 million in health insurance premiums in 2009 for its 17 member school districts and two BOCES.<sup>13</sup>
- The Erie 1 BOCES Health Benefits Plan Trust, a consortium in western New York, estimated health insurance savings of \$9.1 million to Erie 1 BOCES over six years (2003-09).<sup>14</sup>

## The Lexicon of Health Care

Health insurance consortiums can be **fully-insured, self-funded, or minimum premium.**

A **fully-insured health consortium** contracts with an insurance company, which then collects premiums from members, pays health care claims, administers the plan, and assumes any financial risk should premiums not be enough to cover claims.<sup>20</sup>

A **self-funded health consortium** collects premiums from plan members and pays their claims directly. The consortium usually purchases a “stop-loss” insurance policy to protect itself if claims exceed the amount of premium dollars. A self-funded consortium may also contract with a third-party administrator to process and pay claims.<sup>21</sup>

A **minimum premium consortium** is a hybrid of a self-funded plan.<sup>22</sup> Here, the consortium pays a third-party administrator a fee to operate the plan. The third-party administrator collects and reviews employee health care bills, negotiates rates with medical service providers and estimates the amount of funding required to pay health care costs. It also bills the consortium for claims it has paid on behalf of members covered by the consortium. Premiums paid into the plan are held by the consortium and are only dispersed when an expense has been incurred.



- The Erie 1 BOCES Health Benefits Plan Trust estimated an additional savings of \$4.2 million to the 10 school districts and two private schools that participated in the plan from 2005 to 2008.<sup>15</sup>
- The 28 school districts and one BOCES that participate in the Washington-Saratoga-Warren-Hamilton-Essex BOCES health insurance consortium save \$2 million a year collectively.<sup>16</sup>
- From 2003 to 2008, the East End Health Plan on Long Island saved its member districts a combined \$2 million in health care premiums.<sup>17</sup>

But are savings like these typical of school health insurance consortiums? And what factors influence those savings? Before a school board makes a commitment to join a consortium, it must consider these and many other questions. Among them:

- > **How do health insurance consortiums control costs?**
- > **What kind of cost savings can consortiums be expected to deliver?**
- > **What types of benefit plans do they offer?**
- > **What is the process for joining — or starting — a consortium?**
- > **What are the downsides of joining a consortium?**
- > **What specific factors should school districts consider before making the leap into a consortium?**
- > **Are there other alternatives that would be more advantageous?**

This report attempts to answer these questions.

The following Q&A provides an overview of health insurance consortiums and a look at some of the advantages and disadvantages of consortiums.

### **What is a school health insurance consortium?**

Put simply, a school health insurance consortium is a group of school districts that join together to purchase group health insurance for their active employees, retirees and dependents. Consortiums may be fully-insured, self-funded, or a combination of the two (see “The Lexicon of Health Care” sidebar on page 4).

### **What types of benefits do consortiums provide?**

Specific benefit plans offered to employees vary by consortium, but plans typically provide a full range of medical, hospital and prescription drug coverage. Ancillary benefits may include dental and vision. One of the advantages of a consortium is its ability to design health plans that best match the needs of its members — something a community-rated plan lacks (see “In Health insurance, It’s All About Ratings” sidebar on page 6).

### **Who governs consortiums — and who handles day-to-day operations?**

Consortiums are governed by boards that meet throughout the year (usually quarterly). The composition of the board depends on the type of consortium, but it often includes voting members from each participating school district and BOCES. The roles and responsibilities of participating school districts are established in bylaws or trust agreements. Generally, a plan administrator or third-party administrator runs the day-to-day functions of the consortium.

### **How do consortiums save school districts money?**

Consortiums have the potential to save money in several ways. Because health insurance consortiums pool the resources of several school districts, they can leverage their greater purchasing power to obtain lower premiums for their member districts. Health insurance claims of a consortium tend to be much lower than in a community-rated plan, so costs are lower (see “In Health Insurance, It’s all About Ratings” on page 6). Consortiums also have the ability to spread risk among a larger number of policyholders, compared to individual school districts (see “Spreading Risk Can Ease Impact of Losses” sidebar on page 7).

In addition, health insurance consortiums may control costs by implementing health and wellness programs. Since they know the exact composition of their membership and their medical histories, consortiums have the ability to tailor programs unique to their member needs.

According to Wayne Vitale, a health insurance underwriter and member of the Center Moriches Board of Education on Long Island, there are three factors that, when combined, best make a consortium viable: First, the participating employers are similar in nature (such as all members of the consortium being school districts). Second, participating school districts have similar claims experience. Third, school districts that participate in the consortium are all located in the same region, and their claims experience is better than that of the general community.



## **Questions & Answers about School Health Insurance Consortiums**

## In Health Insurance, It's All About Ratings

### *Experience rating vs. community rating*

A school district's health insurance premiums are largely determined by the rating methodology applied to its health plan.

Under an **experience-rated** methodology, premiums are determined by the health insurance claims experience of the individuals in a specific group (such as those in a consortium). The insurer evaluates the age, gender and health status of each individual policyholder.<sup>18</sup>

Under a **community-rated** methodology, premiums are determined by the overall health of everyone in a particular health insurance market, or community (such as all residents of central New York). The insurer evaluates the health risk factors of everyone within a particular market and charges everyone in that market the same premiums.<sup>19</sup>

Premiums for experience-rated plans tend to be lower because their claims are known and predictable, so rates can be set to match the actual experience of the group. With a community-rated plan, the claims experience is not well known, so premiums are often higher to cover any unexpected cost.

Health insurance consortiums are usually able to keep costs down because their premiums are experience rated — i.e., based on the health care claims incurred by the participants in the consortium, and not pooled with the community at large.

## **How much could we expect to save in a health insurance consortium?**

Health insurance consortiums represent a long-term cost containment strategy for school districts. The savings achieved depends on several variables, including (1) the number and types of health plans and benefits offered to employees; (2) the percentage of cost savings passed on to employees; (3) the characteristics of the insured group; (4) the effectiveness of negotiations in achieving higher employee contributions; (5) regional market conditions; (6) the number of individuals (both employees and dependents) covered in the consortium.

## **What are some disadvantages of joining a consortium?**

Self-funded and minimum-premium consortiums are responsible for paying the health care claims of their policyholders. Thus, if the claims they pay in a given year exceed the premiums they collect (possibly due to catastrophic health care claims), the consortium may incur a financial loss. To guard against losses, consortiums often purchase "stop-loss" insurance, which caps the amount of claims they are responsible for paying. This can reduce the chance of huge exposure to claims or wild swings in claims payable (see "Spreading Risk Can Ease Impact of Losses" sidebar on page 7).

There is also a risk of assuming responsibility for terminal liability and legacy costs. Terminal liability describes funds owed by the consortium after it dissolves, most likely due to claims coming in after the termination of the consortium.<sup>24</sup> Legacy costs are expenses that were incurred by the consortium prior to a district becoming a member that the joining district would then have to help pay.<sup>25</sup>

Another drawback is that, under state insurance law, health consortiums are required to maintain fairly large reserve funds, sometimes as high as 25 percent of their total expected claims.<sup>26</sup> Reserve funds are necessary in order to have adequate funds on-hand to pay unexpected losses. However, the amount required may be far in excess of actuarially sound requirements.

There can also be significant risks associated with "adverse selection," where the employee pool in the consortium is predominantly unhealthy, or heavy users of health care. Two main factors contribute to adverse selection.



## Spreading Risk Can Ease Impact of Losses

In health insurance, risk has to do with the unknown nature of claims. Insurance plans budget for a certain level of expenses based on past usage of health care services by their policyholders.

However, expenses may be higher than expected, especially if there are catastrophic health care claims. When this happens, a health plan with a larger number of members generally will feel less impact than a plan with a smaller number of members. Why? The larger plan has more financial resources to cover the unexpected costs, plus a greater number of policyholders to whom they can spread the costs.

In essence, **consortiums can spread losses over larger numbers of policyholders** and therefore smooth the “peaks and valleys” that individual school districts are prone to experiencing.<sup>23</sup>

The first factor is the age of the employees in the consortium. Older employees typically are greater consumers of health care services. According to Robert Dantz, vice president of human resources for Capital District Regional Off-Track Betting Corporation, if the average age is over 50, a school district is not a likely candidate for a consortium, since this age group is more prone to maladies such as heart disease, other circulatory issues, cancer or any other catastrophic diseases.

The second factor contributing to adverse selection is claims history. Excessive and/or large claims also make a school district an unlikely candidate for membership in a consortium.

### **Are there other health insurance structures that might be better?**

Many benefits could potentially be obtained by self-funding a district’s own plan rather than joining a consortium, particularly if the district has a larger — and younger — group of employees. In self-funding, the school district directly assumes the major cost of health insurance for its employees. The district can also purchase stop-loss coverage to lower its risk of catastrophic or significant claims. A district may administer the plan on its own or contract with an insurance carrier or third-party administrator to process claims and handle administrative tasks. Tonawanda city school district switched to a self-funding model after its previous insurance carrier asked for a 28 percent increase. The district did not have to raise its premium rates after switching to a self-funding model.

Self-funding typically works best with groups of several hundred employees who are mostly younger. Larger employee groups have greater stability than smaller ones, which minimizes risk (see “Spreading Risk Can Ease Impact of Losses” sidebar at left) and allows the district to keep smaller reserves of cash on-hand to meet unanticipated claims. Younger employees tend to be healthier, so they utilize health services less frequently, also minimizing costs.

### **How do we know if a consortium is a good fit for our district?**

School districts should approach joining a health insurance consortium with great care and due diligence. Listed below are some basic factors that school boards might consider before thinking seriously about joining a consortium. The list below is not intended to be exhaustive, but rather a starting point for a more intensive analysis.

- **Compare benefit plans.** Does the consortium provide equal or comparable benefits to employees as existing health insurance plans? How many health plans does the consortium offer? Are local providers covered? Compare the overall cost of the plan on a per-employee basis, as well as co-pays for office visits, hospitalization, outpatient procedures and prescription drugs.
- **Determine which has lower premiums** – the school district or the consortium. A school district can look at its own premium history for a period of three to five years and compare how much it paid with how much a particular consortium charged its members over the same time period.
- **Make sure the consortium charges premium rates that are adequate to sustain it.** While a consortium’s premiums should be lower than the district’s, its premiums must also be high enough to cover its claims and expenses. Otherwise, the consortium must assess its member districts a fee to make up for the shortfall. Thus, what started out as a cost saving measure can actually result in increased costs to the school district.

- **Analyze the financial history of the consortium.** Obtain premium rates, claims, administrative costs, other expenses, and enrollment data for the past few years of the consortium. Review the starting and ending fund balances to determine the adequacy of the consortium's funding. This financial data can help determine if the consortium is operating on a fiscally responsible basis (i.e., adequately funded).
- **Find out if the consortium has purchased "stop-loss" insurance to guard against losses.** One or more unexpected catastrophic claims can result in a financial loss for the consortium. As the name implies, "stop-loss" insurance helps protect the consortium from exposure to a huge claim by capping the amount of claims for which it is responsible.
- **Talk to past and present members of the consortium.** Find out what their experiences have been. Have they achieved savings in their district? How much? Have their employees been satisfied? Has the consortium assessed an administrative fee in the past to cover unexpected costs?
- **Involve union partners in the discussion early.** Most districts will need to work with their local collective bargaining units to join a health insurance consortium, so be sure to involve employee representatives in the discussions and obtain buy-in from bargaining groups.
- **Understand termination procedures and associated withdrawal liabilities.** A consortium's bylaws should outline the terms under which a school district can leave the plan. For example, the Putnam/Northern Westchester Health Benefits Consortium requires members to provide at least 90 days notice to withdraw from membership.
- **Determine if a self-funded plan might be a better option.** If you have 500 or more employees and a predominantly younger employee pool, then self-insuring might make sense.
- **Consider conducting a feasibility study** to determine the viability of joining a consortium. This might involve hiring an outside vendor to conduct the study. There will obviously be a cost associated with this. Among the factors included in the study could be an analysis of the consortium's finances, plan design, utilization benchmarks, costs (i.e., administrative, discounts, stop-loss insurance, etc.), and others.

### **How do we join a consortium?**

If a school district decides to join a consortium, it must submit an application. The application and acceptance process is outlined in the consortium's bylaws. The consortium will check the claims history of the school district to determine whether the district would be a viable member of the group. The consortium's board of directors would then decide whether to accept the application. The length of time a district must stay in the consortium should be outlined in the consortium's bylaws.

### **Are there any restrictions on joining a consortium?**

Yes. School districts with 50 or fewer employees cannot join an experience-rated consortium. Since 1992, New York State law has required that individual and "small group" health insurance policies be community-rated.<sup>27</sup> Employers with 50 or fewer employees, such as the Putnam school district in Washington County and Glens Falls Common in Warren County, are considered "small group" and must have a community-rated health plan.

**How do we start a new consortium?**

School districts may wish to start their own health insurance consortium rather than join an existing one. However, the process for starting a new consortium is time-consuming and often requires outside resources. Among the many start-up activities needed to initiate the process of creating a new consortium are holding numerous meetings with interested districts, conducting an RFP process for outside consultants to advise the district throughout the process, and working with legal counsel to establish the organizational structure

In addition, each district must negotiate with its various bargaining units in order to switch from its previous insurance plans to plans offered by the new consortium — a substantial amount of work.

**What is the feasibility of joining a statewide consortium?**

Currently there is no statewide health insurance consortium for school districts. The creation of a single statewide health insurance pool may be an effective way to lower school district health insurance costs through increased purchasing power. But a statewide consortium might be difficult to manage.

The governance structure and plan management would be a significant challenge, according to observers. In addition, health care tends to have a regional flavor (i.e., Albany/Central New York/Rochester/Buffalo) in terms of plan design and doctor networks. Complicating matters is that one would expect to find lower regional healthcare costs upstate compared to downstate and New York City. It is feasible, therefore, that upstate districts might find that they are “subsidizing” the health care costs of downstate districts, minimizing their potential savings.

# IV.

## Conclusion

Health insurance consortiums represent a long-term cost containment strategy. By pooling the resources of several school districts, consortiums can leverage their greater purchasing power to obtain lower premiums and spread potential losses over larger numbers of policyholders. Consortiums can also keep costs down because their premiums are based on the actual health care claims incurred by the participants in



the consortium (experience-rated), and not pooled with the community at large (community-rated). Because consortiums can qualify for premiums based on claims experience, they have the ability to design health plans that best match the needs of their members — something a community-rated plan lacks.

But school boards should closely examine health insurance consortiums in their area before making the decision to join. While districts in some areas of the state may show significant savings, districts in other areas will not, based on region and community-rated plans in the area.

While some consortiums report savings in excess of \$1 million per year for certain member districts, savings for other districts may average out far lower. Any potential savings associated with membership in a health insurance consortium is based on several variables — including the benefits offered to employees, the characteristics of the insured group, the percentage of cost savings passed on to employees, and regional market conditions, among many others.

The information in this report is intended to provide an overview of consortiums and how they work. A consortium may or may not be the answer to rising healthcare costs for a given district. This report is not intended to make a formal opinion or endorsement on whether a school district should join a health insurance consortium. NYSSBA strongly encourages any school boards interested in joining a consortium to contact one or more of the existing consortiums listed in the appendix of this study for more information.



## **Appendix: School Health Insurance Consortiums in New York**

### **Allegheny-Cattaraugus Schools Medical Health Plan (Cattaraugus-Allegheny-Erie-Wyoming BOCES)**

1825 Windfall Road  
Olean, NY 14760  
716-376-8308

**Contact: Cheryl Smith**

### **Capital Area School Health Insurance Consortium**

c/o Rose & Kiernan, Inc.  
99 Troy Road  
East Greenbush, NY 12061

**Contact: Joe Rogerson at 518-244-4336 or Kathy Clark at 518-244-4332**

### **Catskill Area Schools Employees Benefit Plan (Otsego-Northern Catskills BOCES)**

159 West Main Street  
Stamford, NY 12167  
607-652-1004

**Contact: Darlene Callahan, Plan Coordinator**

### **Cayuga-Onondaga Area School Employees' Healthcare Plan (Cayuga-Onondaga BOCES)**

1879 West Genesee Street Road  
Auburn, NY 13021  
315-253-0361

**Contact: David Boyle**

### **Central New York Health Insurance Cooperative (Onondaga-Cortland-Madison BOCES)**

Administrative Office  
P.O. Box 4754  
6820 Thompson Road  
Syracuse, NY 13221-4754  
315-433-2614

**Contact: Deb Ayers**

### **Central Southern Tier Health Care Plan Trust (Greater Southern Tier BOCES)**

459 Philo Road, Building 9  
Elmira, NY 14903  
607-739-3581

**Contact: Nancy M. Zito, Plan Administrator**

### **Champlain Valley Educational Services BOCES Cooperative Health Insurance Plan**

1585 Military Turnpike Extension  
P.O. Box 455  
Plattsburgh, NY 12901  
518-561-0100

**Contact: Rachel Risetto, Director of Personnel & Labor Relations**

**Chautauqua County School Districts' Medical Health Plan**

513 West Third Street  
PO Box 339  
Jamestown, NY 14702  
716-483-1660

**Contact: Laura Otander**

**Delaware-Chenango-Madison-Otsego BOCES Health Insurance Consortium**

6678 County Road 32 (East River Road)  
Norwich, NY 13815  
607-335-1299

**Contact: Kim Martin**

**Dutchess Educational Health Insurance Consortium (Dutchess County BOCES)**

c/o Dutchess County BOCES  
5 BOCES Road  
Poughkeepsie, NY 12601  
845-486-4800

**Bruce Martin, Chairperson**

**East End Health Plan (Eastern Suffolk BOCES)**

c/o Eastern Suffolk BOCES  
201 Sunrise Highway  
Patchogue, NY 11772  
631-687-3140

**Attn: Frank Perry**

**Erie 1 BOCES Health Benefits Plan Trust**

355 Harlem Road  
West Seneca, NY 14224  
716-821-7161 or 716-821-7074

**Contact: Darleen Michalak, Plan Administrator**

**Franklin-Essex-Hamilton BOCES**

PO Box 28-23 Huskie Lane  
Malone, NY 12953  
518-483-6420

**Stephanie P. Bannon, Human Resources Coordinator**

**Fulmont Health Trust Group**

2755 St. Highway 67  
Johnstown, NY 12095

**Genesee Area Healthcare Plan (Genesee Valley BOCES)**

27 Lackawanna Avenue  
Mount Morris, NY 14510  
585-344-7564 or 585-658-7564

**Contact: Wendy Robinson, Executive Director**

**Herkimer County Schools Health Insurance Consortium**

352 Gros Blvd.  
Herkimer, NY 13350  
315-867-2052

**Jefferson-Lewis et. al. School Employees Healthcare Plan**

853 James Street  
P.O. Box 456  
Clayton, NY 13624  
888-865-2722

**Madison-Oneida BOCES**

4937 Spring Road  
Verona, NY 13478  
315-361-5500

**Contact: Lisa Decker, Director of Finance**

**Non-Monroe County Municipal School District Program**

PO Box 102  
2578 Genesee Street  
Retsof, NY 14539

**Contact: Howard Forsythe**

**Oneida-Herkimer-Madison BOCES Insurance Consortium**

Box 70 Middle Settlement Road  
New Hartford, NY 13413  
315-793-8566

**Contact: Thomas Dorr, Assistant Superintendent**

**Orange-Ulster School Districts Health Plan**

163 Harriman Heights Road  
Monroe, NY 10950  
845-781-4890

**Contact: Ike Lovelass, Plan Administrator**

**Orleans-Niagara BOCES Health Care Plan**

4232 Shelby Basin Road  
Medina, NY 14103  
800-836-7510 Ext. 2210

**Contact: Patricia Hartigan, Director of Business Services**

**Putnam/Northern Westchester Health Benefits Consortium**

200 BOCES Dr.  
Yorktown Heights, NY 10598  
914-248-2456 or 2459

**Contact: David Stern, Risk Manager or Kim Weisgerber, Health Claims Processor**

**Rensselaer-Columbia-Greene Health Insurance Trust (Questar III BOCES)**

10 Empire State Boulevard  
Castleton, NY 12033  
518-477-8771

**Contact: Harry Hadjioannou**

**Rochester Area School Health Plan (Monroe 2 BOCES)**

3599 Big Ridge Road  
Spencerport, NY 14559  
585-352-2412

**Contact: Steve Roland, Director of Finance**

**St. Lawrence-Lewis Counties School District Employees Medical Plan**

139 State Street  
Canton, NY 13617  
315-386-4504

**Contact: Jayne Carbone**

**State-Wide Schools Cooperative Health Plan**

11 Deerfoot Lane  
Yonkers, NY 10710  
800-814-6265

**Contact: Herbert J. Friedman, Executive Director**

**Steuben Area School Employees' Benefit Plan**

9579 Vocational Drive  
Painted Post, NY 14870  
607-962-3175

**Contact: Margaret Munson, Assistant Superintendent for Business & Personnel**

**Suffolk School Employees Health Plan**

c/o Eastern Suffolk BOCES  
201 Sunrise Highway  
Patchogue, NY 11772  
631-928-5351

**Contact: Sheila MacFadyen, Chairperson**

**Tompkins-Seneca-Tioga BOCES Health Cooperative**

555 Warren Road  
Ithaca, NY 14850  
607-257-1551 Ext. 307

**Contact: Gina Lord Shattuck, Employee Benefits Manager**

**Washington-Saratoga-Warren-Hamilton-Essex BOCES Health Insurance Consortium**

1153 Burgoyne Avenue, Suite 2  
Fort Edward, NY 12828  
518-746-3310

**Contact: Terry Blanchfield**

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