



Office of the President

BOARD OF TRUSTEES

October 17, 2024

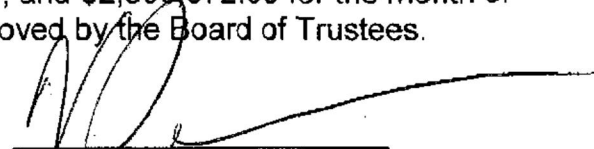
RESOLUTION NO. 2024.73 – Approving Monthly Sponsor Services for Suffolk County Community College

WHEREAS, the State University of New York Regulation No. 602.7 requires Suffolk County Community College Board of Trustees to review and approve all Sponsor provided services and their estimated value in advance of the service being rendered, and

WHEREAS, the regulation also requires the approval of the payment of each Sponsor Service satisfactorily performed, and

WHEREAS, health insurance is considered a Sponsor Service, be it therefore

RESOLVED, that the health insurance payment to the County of Suffolk in the amount of \$3,283,421.28 for the month of August 2024; and \$2,595,572.99 for the month of September 2024 (*Attachment I*) is hereby approved by the Board of Trustees.



Kevin O'Connor
Secretary

Central Administration
533 College Road
Selden, NY 11784-2899
(631) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Western Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500

Suffolk County Employee Medical Health Plan

County of Suffolk
 725 Veterans Memorial Highway, Bldg 158
 PO Box 6100
 Hauppauge, NY 11788

DATE: September 18, 2024
INVOICE No.: 24-008
FOR: EMHP of Suffolk County
 SCCC Insurance Premiums
 and Employee Contributions Due
 Fund 818

Bill To:
 Jamie Hahn
 Suffolk County Community College - Business & Financial Affairs
 FML Rm. 232, College Road
 Selden, NY 11784

Health Insurance Coverage	Premium	# Employees	Total
EMHP Individual Coverage	\$971.67	583 576	\$566,483.61
EMHP Family Coverage	\$2,289.25	1083 1088	\$2,479,257.75
Emblem/HIP HMO Individual Coverage	\$1,763.65	1	\$1,763.65
Emblem/Hip Family Coverage	\$4,320.93	1	\$4,320.93
Surviving Spouse/Dependent Individual Coverage	\$971.67	6 5	\$5,830.02
Surviving Spouse/Dependent Family Coverage	\$2,289.25	1	\$2,289.25
AUGUST 2024 Premium Due:			\$3,059,945.21
EMPLOYEE HEALTH INSURANCE			
Payroll 8, Time Period: 4/1/24 - 4/14/24			<i>pending</i>
Payroll 12, Time Period: 5/27/24 - 6/9/24			\$77,373.42
Payroll 15, Time Period 7/8/24 - 7/21/24			\$71,537.46
Payroll 16, Time Period 7/22/24 - 8/4/24			\$70,892.30
Employee Insurance Contributions Due:			\$219,803.18
Total Due:			\$3,279,748.39

Payments are to be remitted to Suffolk County via wire transfer within thirty (30) days of this invoice.
 If you have any questions concerning this invoice, please call Brooke Deere @ 631-759-5788 or e-mail brooke.deere@suffolkcountyny.gov.

*(6,801.69)
 **11,446.25
 ***(971.67)
 \$3,283,421.28

THANK YOU

* decreased individual accounts by 7
 ** increased family accounts by 5
 ***decreased individual Sur. Spouse by 1

Suffolk County Employee Medical Health Plan

INVOICE

County of Suffolk
 725 Veterans Memorial Highway, Bldg 158
 PO Box 6100
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Bill To:
 Jamie Hahn
 Suffolk County Community College - Business & Financial Affairs
 FML Rm. 232, College Road
 Selden, NY 11784

Health Insurance Coverage	Premium	# Employees	Total
EMHP Individual Coverage	\$971.67	586 576	\$569,398.62
EMHP Family Coverage	\$2,289.25	1088 1087	\$2,490,704.00
Emblem/HIP HMO Individual Coverage	\$1,763.65	1	\$1,763.65
Emblem/Hip Family Coverage	\$4,320.93	1	\$4,320.93
Surviving Spouse/Dependent Individual Coverage	\$971.67	6 5	\$5,830.02
Surviving Spouse/Dependent Family Coverage	\$2,289.25	1	\$2,289.25
SEPTEMBER 2024 Premium Due:			\$3,074,306.47
EMPLOYEE HEALTH INSURANCE			
Payroll 8, Time Period: 4/1/24 - 4/14/24			<i>pending</i>
Payroll 17, Time Period: 8/5/24 - 6/18/24			<i>pending</i>
Payroll 18, Time Period: 8/19/24 - 9/1/24			\$70,018.34
Employee Insurance Contributions Due:			\$70,018.34
Total Due:			\$3,144,324.81

Payments are to be remitted to Suffolk County via wire transfer within thirty (30) days of this invoice.

If you have any questions concerning this invoice, please call Brooke Deere @ 631-759-5788 or e-mail brooke.deere@suffolkcountyny.gov.

*(9,716.70)
 ** (2,289.25)
 *** (971.67)
 **** (535,774.20)
 \$2,595,572.99

THANK YOU

* decreased individual accounts by 10
 ** decreased family accounts by 1
 *** decreased individual Sur. Spouse by 1
 **** decreased by the total September 2024 Medicare run