



Center for Health

HealthFlex Plan Sponsor Calls

October 7-8, 2015



General Board

Pension and Health Benefits

Caring For Those Who Serve

Agenda

- Plan Strategy and Changes
- Policy Update
- Annual Election Update
- Vendor and Administrative Updates
- Wellness Updates

HealthFlex—Multi-Year Plan Strategy

Successful migration toward consumerism

Actuarial Equivalence	2014	2015	2016	2017
Gold-plus (>80%)	B500	Eliminated		
	B750	B750	Eliminated	
Gold (~80%)	B1000	B1000	B1000	B1000
	CDHP (C2000)	CDHP (C2000)	C2000	C2000
			HDHP (H1500)	H1500
Silver (~70%)			C3000	C3000
			HDHP (H2000)	H2000
Bronze (~60%)				HDHP-TBD

Note: 2012-2014 recognized elimination of several Platinum/Gold-Plus plans (EPO A, B, D; PPO A250/A500)

Key Considerations for 2016

- **Combined out-of-pocket maximum** (all plans)
- Slight changes to **prescription drug cost-sharing** (generic co-payment and brand min/max)
 - Maintains average desired percentage co-insurance
 - Differentiates P1 and P2 plans (but co-insurance remains the same)
- **Employer W-2 reporting requirements**
 - Health savings accounts (HSA)
 - Dependent care FSAs (DCA)

Key Considerations—2017 and Beyond

- Bronze HDHP offering(s)
- HRA wraparounds—winding down/elimination
- FSA—potential decrease/elimination of FSA
- Eventual migration of all groups to HealthFlex Exchange (2019?)

2016 Plan Changes

Combined Out-of-Pocket Maximum



- **Combined** out-of-pocket (OOP) maximum for all plans in 2016
 - Medical, pharmacy, behavioral health
- Higher than 2015 maximums for medical or pharmacy alone
- 5-10% of participants—potentially higher OOP costs
 - **Most participants**—OOP only slightly higher

2016 OOP Maximums (vs. 2015)

	Single (In-network)	Family (In-network)
B1000/P1	\$5,000 (\$4,000 + \$2,000)	\$10,000 (\$8,000 + \$4,000)
B1000/P2	\$5,500 (\$4,000 + \$2,500)	\$11,000 (\$8,000 + \$5,000)
C2000/P2 (gold)	\$6,000 (\$4,100* + \$2,500)	\$12,000 (\$8,200* + \$5,000)
C3000/P2 (silver)	\$6,500	\$13,000
H1500/P3 (gold)	\$6,000	\$12,000
H2000/P4 (silver)	\$6,500	\$13,000

*OOP maximum for C2000 reduced from \$5,000/\$10,000 to \$4,100/\$8,200 in 2015 to accommodate restrictions on combined OOP maximum.

Prescription Drug Plans— 2016 Changes

Medical and Pharmacy Claims	P1 (2016)	P1 (2015)	P2 (2016)	P2 (2015)
Generic (retail/mail)	\$15/\$35	\$12/\$20	\$15/\$35	\$12/\$20
Brand Co-insurance (preferred/non-preferred)	20%/25%	20%/25%	25%/30%	25%/30%
Preferred Brand Retail (minimum/maximum)	\$20/\$55	\$15/\$45	\$25/\$65	\$15/\$45
Preferred Brand Mail (minimum/maximum)	\$50/\$140	\$40/\$120	\$60/\$150	\$40/\$120
Non-Preferred Brand Retail (minimum/maximum)	\$40/\$110	\$30/\$90	\$50/\$120	\$30/\$90
Non-Preferred Brand Mail (minimum/maximum)	\$110/\$240	\$75/\$225	\$95/\$260	\$75/\$225

P3 and P4 plan design aligns with P2, with the additional combined deductible

Employer W-2 Reporting Requirement— Reimbursement Accounts

- Health savings accounts—**Box 12, code W**
 - Employer (plan) HSA contributions
 - Pre-tax HSA contributions
- Dependent care accounts*—**Box 10**
- HRA** and MRA*** contributions—
No reporting required

* DCA: Dependent care FSAs

** HRA: health reimbursement account

*** MRA: medical reimbursement account (health care FSA)

OneExchange Ancillary Benefits

- HealthFlex dental, vision and behavioral health benefits **no longer offered for any individuals in OneExchange—** effective 2016
 - Includes Medicare Secondary Payer (MSP), disabled, etc.
 - GBOPHB letter to participants in October
 - **Consider plan sponsor communication**, if not already completed
- Can adopt Virgin Pulse and Blueprint for Wellness for entire OneExchange population
 - Include in 2017 adoption agreement

Vendor and Administrative Updates— Catamaran

- OptumRx/Catamaran merger
 - Much remains the same
 - Website and phone number
 - Access to leadership
 - Continued commitment to improvement
 - Changes forthcoming
 - Co-branded communications
 - Complete rebranding to OptumRx in 2016
 - New combined formulary effective January 2016
 - Greater purchasing power

Vendor and Administrative Updates— Breach Updates

- No further information on Anthem or Premera breaches
- Excellus breach impact—approximately 800 HealthFlex participants
 - Plan sponsors with impacted participants will be provided lists and copies of the letters.

OneExchange— Open Enrollment for 2016

- Medicare open enrollment for 2016
 - **October 15 – December 7**
- 25% of existing population call each year
 - Typically 4%-5% switch plans

Thank you for submitting new 2016 HRA amounts.

Reminder: Switching plans should be done
directly with OneExchange—not with the carrier.

Annual Election 2016—Update

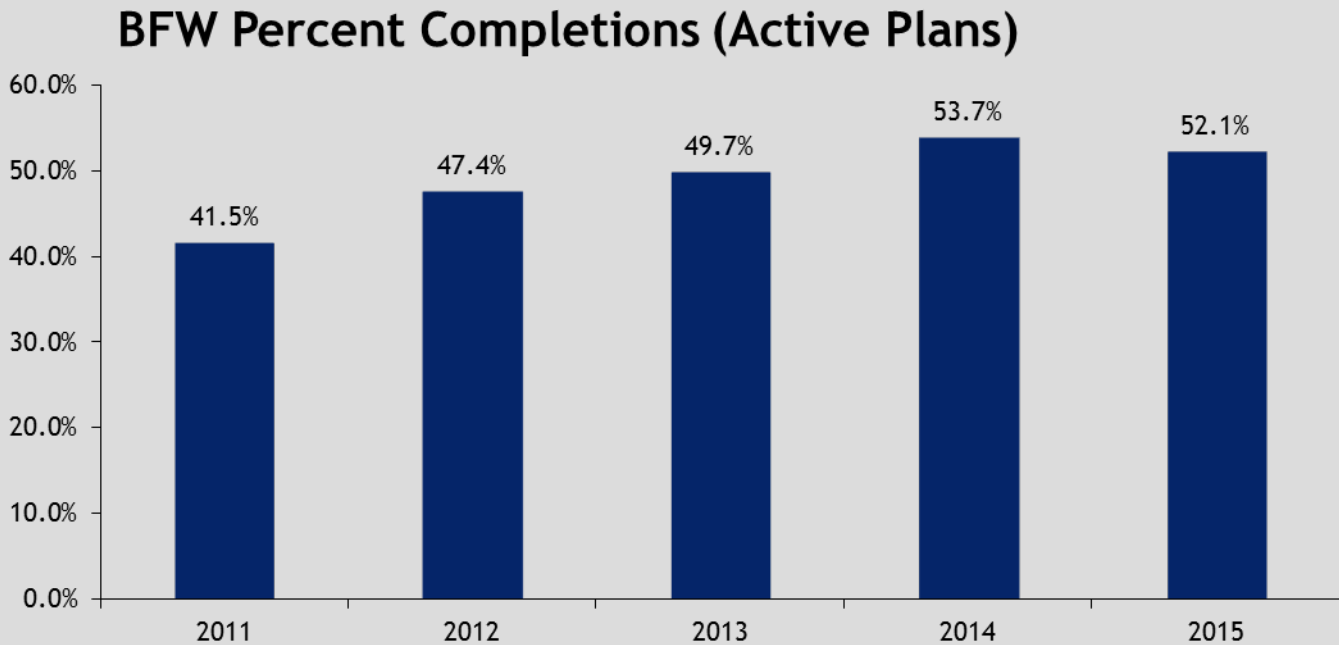
- **November 4 – 19**
- AE participant communications
 - Legal Notifications –mid-October
 - Brochure –late October
 - Separate brochures—traditional vs. Exchange populations
- Election confirmations—available online only
- New medical ID cards for **all** participants
 - Mid/late December due to OptumRx change
- **Please encourage FSA elections!**

Blueprint for Wellness— Feedback Summary

Thank you to everyone who completed the survey

- Close to 70% completion rate
- Most comments were positive
- Areas for improvement—follow up with Quest
 - My Guide—timeliness of printing and mailing
 - Customer service at PSC
 - Professionalism of Quest staff
 - Training/details before event
- Initial improvement plan
 - Evaluate number of days needed for screenings
 - Additional questions on pre-event questionnaire
 - Continued conversations with Quest

Blueprint for Wellness Results



- Initial results are looking positive—more to come at HealthFlex Summit

Virgin Pulse

Transition Back to 'Levels'

- Virgin Pulse is moving all clients to **quarterly levels**
 - Only client on current program—'segmentation'
- VP's book of business shows 'levels' engagement better than segmentation's engagement
 - Increase in number of steps
 - Increase in HealthMiles
 - Increase in participation
- Ease of participant understanding and communication
 - Before segmentation there was 'annual levels'
- Program refresh—re-energize population
- Start new program—January 1, 2016

Virgin Pulse

Segmentation Review

- Goals set by previous quarter's accomplishments
- **\$25/quarter** for reaching goal
 - **\$50 bonus** if goal was reached each quarter
 - Total possible incentive—**\$150**

Quarterly Levels—Details

- All participants start on **Level 1** every quarter
- Ability to earn incentives at each level
- **\$40/quarter** –earn **up to \$160/year**; no year-end bonus

Tentative Quarterly Levels*			
Level	HealthMiles	HealthCash	HealthCash Earned
1	0 – 1,999	\$0	\$0
2	2,000 – 3,999	\$20	\$20
3	4,000 – 5,999	\$10	\$30
4	6,000 – 7,999	\$10	\$40
5	8,000+	Stretch goal	\$2 to UMCOR

*HealthCash amounts are tentative

Levels Considerations

Pros	Cons
Opportunity to earn more incentive	Change
Best practice – high engagement	Effort to communicate program
Everyone starts at the same place	
Participants are rewarded for amount of activity they do	
Less room for error (calculating segments)	
Easier to explain	
Reward additional “all 5 dimensions” of well-being	

What Is Expected

- Center for Health
 - Communications (from CFH and VP)
 - Plan Sponsor—toolkit
 - Participants
- Plan Sponsors
 - Complement CFH and VP communications
- Participants
 - Keep doing what they are doing



Center for Health