



Center for Health

HealthFlex Plan Sponsor Calls

September 23-25, 2014



General Board

Pension and Health Benefits

Caring For Those Who Serve

Agenda

- HealthFlex Strategic Direction
 - Multi-year strategy—
Plans added/removed for 2016 and beyond
 - Standalone offerings for Marketplace-insured
 - Private exchange update
- Plan and Operational Updates
 - Health care reform updates
 - Wellness program updates
 - 2015-2016 plan benefit changes
 - Businessolver and WageWorks transitions
 - MSPSEE
 - Annual Election for 2015

HealthFlex Strategic Direction

- Align with Affordable Care Act (ACA)
- Continued migration toward “consumer” plans
 - Overall “plan value” below “Cadillac plan” threshold
 - Greater individual accountability
 - Greater cost sustainability for plan sponsors
 - Greater flexibility by maximizing participant choice
- Research private exchange-like options
- Standalone programs for Marketplace populations

Multi-Year Plan Strategy

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 (H3000)?

*Plans for 2016 and beyond are considered tentative at this time.

Likely Introducing HSA Plans in 2016

- Strategic change
 - Facilitates silver and bronze plan offerings
 - Aligns with industry and public marketplace
 - Triple tax-advantaged savings vehicle
- Maintaining HRAs*
 - Allows continuation of current strategic approach
- Plan sponsor choice
 - Minimize back and forth between HSA* and HRA-eligible plans

* HRA: health reimbursement account; HSA: health savings account

Standalone Offerings for Marketplace-Insured

- Available in 2016
- HealthFlex pre-65 plan sponsors only
- Adopted at plan sponsor level for entire Marketplace-insured population
 - Wellness options
 - Dental
 - Vision

Wellness Standalone Objectives

- Support healthier, vital clergy for vital congregations
- Access to proven, award-winning wellness programs tailored for UMC
- *Book of Discipline* ¶639.7 (2012)
- Maintain health of potential future HealthFlex participants

HealthFlex “Exchange” for 2016

- Expanded “exchange-like” platform: participant choice, defined contribution
 - Greater number of choices
 - Defined contribution in the form of “credit” toward purchase (plan sponsor-funded)
 - Extensive decision support and telephonic support (if needed)
- **Still finalizing vendor details**

HealthFlex “Exchange”

- Continue with current carriers, plans, wellness programs
- Possibly: Additional wellness incentive “credit” (replacing HealthCash)
- Any premium beyond “credit” must be deducted from individual’s pay
- Leftover premium credit
 - Rollover vs. HRA/HSA funding

HealthFlex Exchange: Timing

- 2016: Available to current HealthFlex plan sponsors *who currently offer CDHP*
 - Need to limit number migrating
 - Current choice/consumerism groundwork
- 2017: Available to all HealthFlex groups, if desired
 - Also available to a limited number of groups not currently in HealthFlex
- 2018+: Continued migration as desired*
 - *Assess need for definitive migration date

Plan Updates

Operational Updates

Health Care Reform Updates

- Published PCORI Fee for 2014 plan year
 - **\$2.08 per covered life** (to be paid July 31, 2015)
- Health Plan ID for OneExchange plan sponsors
 - **Due November 5, 2015**
- IRS published draft of “employer” and “plan” reporting forms
 - *Form 1095-B*: Plan reporting (§6055)—minimum essential coverage
 - *Form 1095-C*: Applicable Large Employer reporting (§6056)—for full-time employee coverage
- Stay tuned—additional information at Summit and AUMCPBO meetings

Wellness Program Updates

- MAX pedometer price: Dropping to **\$24.99**
 - Plus: applicable state tax and \$4 shipping
- Blueprint for Wellness event surveys—forthcoming
- HQ home stretch—please help contact participants!
 - Non-completers reporting

2016 Rates—Three Tiers

- Alternate (2, 4, 5) tier rate models will not be provided for 2016
- Individuals migrating between tiers impacts cost-neutrality of alternative rate models

Behavioral Health Benefit Updates—2015

- 2014 inpatient benefit: 90%/10% coinsurance
 - For both PPO and CDHP plans
- 2015 inpatient benefit: 80%/20% coinsurance
 - Aligns with medical coinsurance levels
 - Continued awareness of Cadillac Tax threshold
- Office visit copay will remain \$15
 - Lower than medical benefit (\$30)

Dental Benefit Updates: 2015

- Dental—ACA “excepted benefit”
 - Participants can opt out of dental plan
 - If remain in dental plan, must cover same dependents as under medical
- Dental Wellness Plus Incentive
 - Encourage regular preventive services
 - Complete preventive cleanings = increase individual annual plan maximum for following year (\$150 per year)
 - Annual plan maximum increases each year up to \$450 higher (three years)

Combined OOP—2015 Approach

- Medical/behavioral health and pharmacy “out of pocket” (OOP) accumulate separately
- Cannot exceed **\$6,600*/13,200** together**
 - To comply: Necessary reduction of CDHP OOP max (medical/behavioral health) to **\$4,100*/\$8,200****

* Individual OOP maximum

** Family OOP maximum

New Approach for 2016

- Single out-of-pocket max for all plans
 - Includes medical, behavioral health and pharmacy
- BCBSIL/UHC and Catamaran coordinate accumulation through daily files

Businessolver Transition Follow-Up

- Administrative access and single sign-on “live”
 - Contact General Board’s Help Desk for login assistance (8:00 a.m.-6:00 p.m., Mon.-Fri.)
 - 1-800-870-4442 x4357
 - Help_desk@gbophb.org
- Feedback on training
- 31-day window for life events
- Invoice availability and feedback

WageWorks Transition Follow-Up

- Administrative access and single sign-on “live”
 - Contact General Board’s Help Desk for login assistance (8:00 a.m.-6:00 p.m., Mon.-Fri.)
 - **1-800-870-4442 x4357**
 - **Help_desk@gbophb.org**
- Feedback on training
- Participant issues resolution
- Participant choice for debit cards in 2015

Medicare Secondary Payer Small Employer Exception (MSPSEE)

- **Current Practice (2014)**
 - Participants sent to OneExchange for medical/Rx
 - Remain in HealthFlex for dental, vision, FSA, behavioral health and wellness
- **Challenges**
 - HRAs for MSP participants in OneExchange could jeopardize “retiree-only” plan status
 - Appointment change season does not align with Medicare open enrollment period
 - Participants may be “stuck” in Medicare supplement plan for which they are not eligible

MSPSEE (continued)

- **Process going forward (2015)**
 - Remain in Pre-65 medical and pharmacy plan with reduced “Medicare primary” rate
 - Continue to have dental, vision, FSA, behavioral health and wellness through HealthFlex
- **What about those already in OneExchange?**
 - Stay—with no HRA contributions
 - Move back into pre-65 plan when allowed through Medicare open enrollment period
- **Re-evaluation as new regulations available**

Medical Reimbursement Account Carryover

\$500 carryover to replace 2½ month grace period for 2015 (into 2016)

- 2014 contributions still under “grace period”
 - Current 2014 MRA balances available through March 15, 2015 (claims by April 30, 2015)
- 2015 contributions will be under “carry over”
 - 2015 MRA balances available through **Dec. 31, 2015**
 - **Up to \$500** can be carried over into next plan year
 - Participants can have **\$3,000** if they carry over \$500 and elect the \$2,500 maximum

Annual Election for 2015

- Elections will be made through Benefitsolver
 - Access still through WebMD single sign-on (SSO)
- Annual Election period:
November 5–November 20



Center for Health