



Center for Health

# HealthFlex Plan Sponsor Calls

June 16 and June 23, 2015



General Board

**Pension and Health Benefits**

*Caring For Those Who Serve*

# Agenda

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- 2016 HealthFlex Plan Changes Review
- Communications Updates
- Policy Updates
- Vendor and Administrative Updates
- Wellness Updates

# Review of 2016 Plan Changes

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- Plans offered
  - Elimination of B750 plan
  - Continuation of B1000 and C2000 (CDHP\*)
  - Addition of C3000 (CDHP), H1500 (HDHP\*\*) and H2000 (HDHP\*\*)
- Combined out-of-pocket maximum (OOP) for all plans in 2016
- Important clarification about HDHP plan designs

\* **CDHP: Consumer-driven health plan**

\*\* **HDHP: High-deductible health plan**

# Current OOP Maximums—2015

	Single (In-network)	Family (In-network)
<b>B1000/P1</b>	<b>\$4,000 + \$2,000</b>	<b>\$8,000 + \$4,000</b>
<b>B1000/P2</b> (not available in HealthFlex Exchange)	<b>\$4,000 + \$2,500</b>	<b>\$8,000 + \$5,000</b>
<b>C2000/P2</b> (gold)	<b>\$4,100* + \$2,500</b>	<b>\$8,200* + \$5,000</b>

\*C2000 OOP originally \$5,000/\$10,000; lowered to meet ACA requirements

# Combined OOP Maximums—2016

	Single (In-network)	Family (In-network)
<b>B1000/P1</b>	<b>\$5,000</b>	<b>\$10,000</b>
<b>B1000/P2</b> <i>(not available in HealthFlex Exchange)</i>	<b>\$5,500</b>	<b>\$11,000</b>
<b>C2000/P2</b> <b>(gold)</b>	<b>\$6,000</b>	<b>\$12,000</b>
<b>C3000/P2</b> <b>(silver)</b>	<b>\$6,500</b>	<b>\$13,000</b>
<b>H1500/P3</b> <b>(gold)</b>	<b>\$6,000</b>	<b>\$12,000</b>
<b>H2000/P4</b> <b>(silver)</b>	<b>\$6,500</b>	<b>\$13,000</b>

# Combined OOP Max— Impacted Individuals

	2014	2013*
<b>Scenario 1</b> (Met <b>neither</b> OOP max)	95%	84%
<b>Scenario 2</b> (Met <b>medical</b> OOP max)	5%	16%
<b>Scenario 3</b> (Met <b>pharmacy</b> OOP max)	<1%	<1%
<b>Scenario 4</b> (Met <b>both</b> OOP max)	<1%	<1%

**Combined OOP maximum**—majority: only slightly higher costs

\* 2013 data *includes B500 and B750*—significantly lower OOP max than other designs. 2013 data *for B1000 and CDHP only* more closely approximates 2014 values: 96% met neither OOP max, 4% met medical OOP max; <1% met pharmacy or both OOP max.

# Deductible Clarification—HDHPs

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- As an IRS-qualified high-deductible health plan (and HSA-eligible), no individual deductible will be permitted in family tiers—*full family deductible must be met before co-insurance starts*
- Clarification for HealthFlex HDHPs:
  - Separate individual deductible only applies to participant-only coverage **OR**
  - Individual deductible in a P+1 or family tier is equal to the family deductible
- Clarification applies only to H1500 and H2000; **not** B1000, C2000, or C3000.

# HDHP Deductible Example

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- Pastor John covers **himself-only** in H1500 (gold HDHP).
  - Once he meets \$1,500 **individual deductible**, plan begins to contribute to medical and pharmacy costs
- Pastor Jill covers **herself + spouse** in H1500.
  - Must meet the \$3,000 **family deductible** before plan contributes to claims for either Jill or her husband (other than preventive care).
  - This is different than the CDHPs or PPO plans, where plan payments begin for Pastor Jill if she meets her individual deductible.



# HDHP Out-of-Pocket Maximum

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- Individual costs continued to be capped at the individual out-of-pocket maximum (OOP max).
  - When Pastor John (self-only coverage) reaches \$6,000 in expenses in his H1500, he no longer has to pay OOP expenses
  - The same applies when Pastor Jill reaches \$6,000 (family coverage).  
However: Pastor Jill's spouse will continue to pay OOP expenses until the family OOP max (\$12,000) is met.

# Communicating to Participants

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- Deductible nuances for HDHP will be clearly reflected in participant plan comparisons and participant communications for HealthFlex Exchange
- Similar communications will be made available to groups adopting the H1500 or H2000 outside of HealthFlex Exchange
  - i.e., PowerPoint presentations and handouts

# Other Communication Updates

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- Communications for upcoming retirees mailed week of June 8
  - Targeted “Things to Know” mailings—communicated in HealthFlex Express
  - No more HealthFlex “retiree enrollment kit”
- New OneExchange “ongoing” communications
  - FAQ and brochure
  - Existing Blueprint for Wellness and Virgin Pulse communications (if applicable)
- ACA reporting toolkit late June/early July

# Communications Updates, cont.

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- Dental wellness postcard
- Upcoming Blueprint for Wellness reminders and communications
- Materials for fall participant workshops
  - HealthFlex Exchange: PowerPoint slides, handouts, video, training
  - Other groups adding or transitioning plans: PowerPoint slides, handouts, side by side comparison

# Plan Policy Update—OneExchange

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- Ancillary benefits no longer offered for *any* individuals in OneExchange, effective 2016
  - Dental, vision, behavioral health, flexible spending
    - Applies to Medicare Secondary Payer (MSP), disabled, etc.
    - OneExchange allows election of dental and vision plan options through their marketplace
    - ACA forbids full-use MRA\* accounts for this population
  - Virgin Pulse and Blueprint for Wellness—can adopt for your *entire* OneExchange population

\*MRA: Medical reimbursement account

# Plan Policy Updates—FSA Funding

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- Billing and funding timeline for FSA\* elections (includes HSA\* elections in 2016)
  - Changes made through the 4<sup>th</sup> of the month will be reflected on the current month's invoice
    - Funding begins that month and is prorated based on the remaining number of months
  - All other changes will be reflected on the following month's invoice
    - Funding begins the following month, prorated
  - Account funding always on the 5th day of the month
  - HSA funding can take up to 3 business days

**\*FSA: Flexible spending account; HSA: Health savings account**

# Plan Policy Updates—FSA Funding

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- What this means:
  - \$1,000 FSA election is made effective 4/1, but not added until 4/5
    - FSA funding: available 5/5, claims can be submitted back to 4/1
    - For MRA: \$1,000 available for use on 5/5
    - For DC:, \$125 per month available beginning 5/5
  - \$1,000 FSA election effective 1/1: added 4/5
    - Same dates of availability and DCA funding as above

**\*FSA: Flexible spending account**

# Vendor and Administrative Updates

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- Adoption Agreements due **June 30**
- HealthFlex Summit: **November 5**
- Breach updates
- Catamaran Audit
- Updated Businessolver invoices and notifications



# WebMD Data Opt-Outs

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- As of June 10, 69 (2.5%) of HF participants who completed BFW were opted out of data import in HealthFlex/WebMD Settings
- Consequence: BFW results will not import to WebMD
  - Lab values will not appear in HealthQuotient
  - No Wellness Points awarded for health measures

# WebMD Data Opt-Outs Communication

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- Letter to data opt-outs who completed BFW:
  - Consequence
  - Privacy Information
  - Instructions to opt back in if desired
- Letter and detailed instructions available on extranet



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