



Wespath

BENEFITS | INVESTMENTS

Center for Health

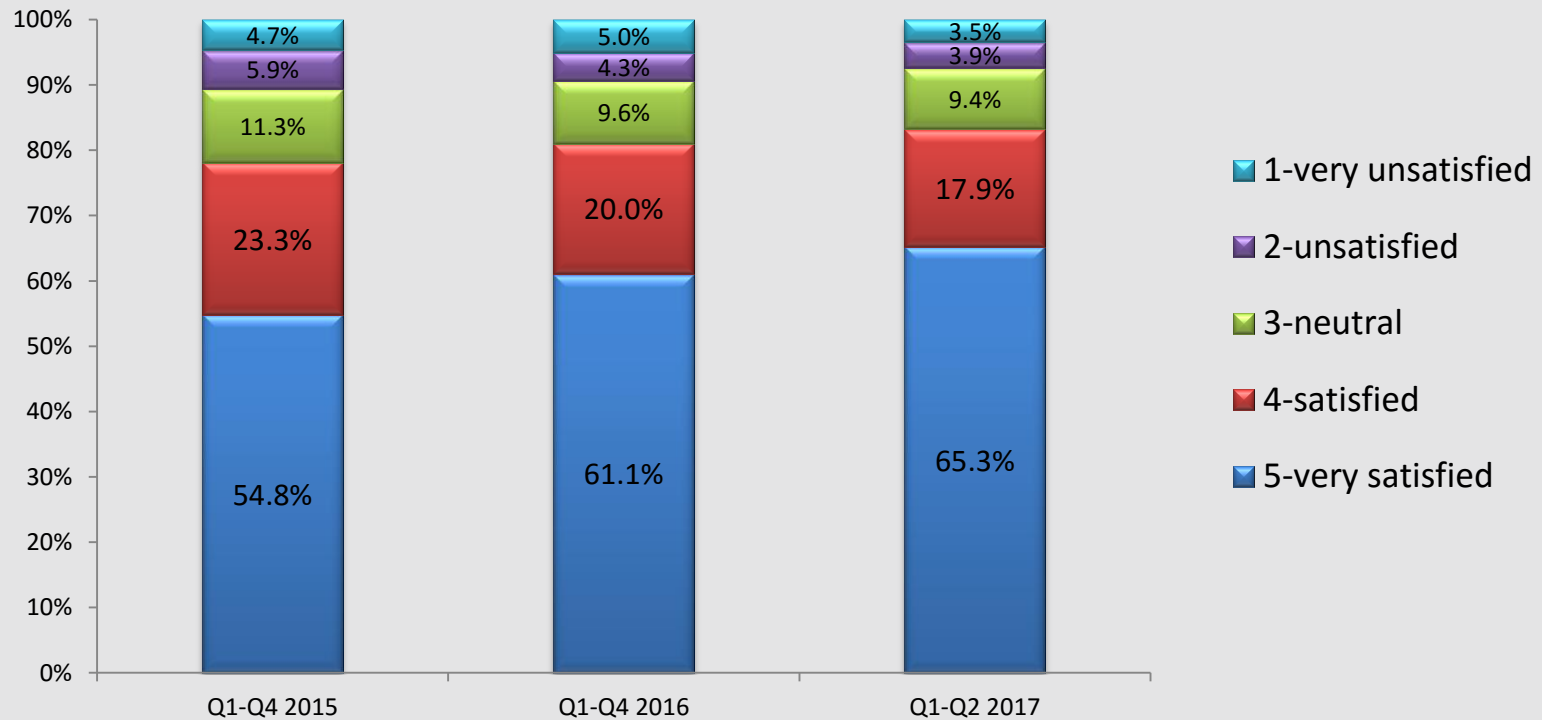
Aug 8-9 2017

OneExchange Plan Sponsor Calls

Agenda

- Operations and Satisfaction
- MSP-SEE/Delaying Medicare Enrollment
- Reporting
- Legal and Plan Documents
- Preparing for 2018
- OneExchange Name Change

Voice of the Customer Results



Overall satisfaction continues to improve

Open Enrollment Period- Call Statistics

UMC	2016	2015
Total Inbound Calls	2,358	4,224
Total Outbound Calls	436	1,593
Average Handle Time	31.84	43.6
Average Speed to Answer	0.71	10.46
Calls Abandoned	32	887

IVR/Telephony Improvements: Stability testing resulted in expanded capacity, faster response times, fewer dropped calls, and fewer unnecessary transfers

Staffing Improvements: We retained more staff, started hiring and training earlier and, most importantly, we increased staffing levels significantly.

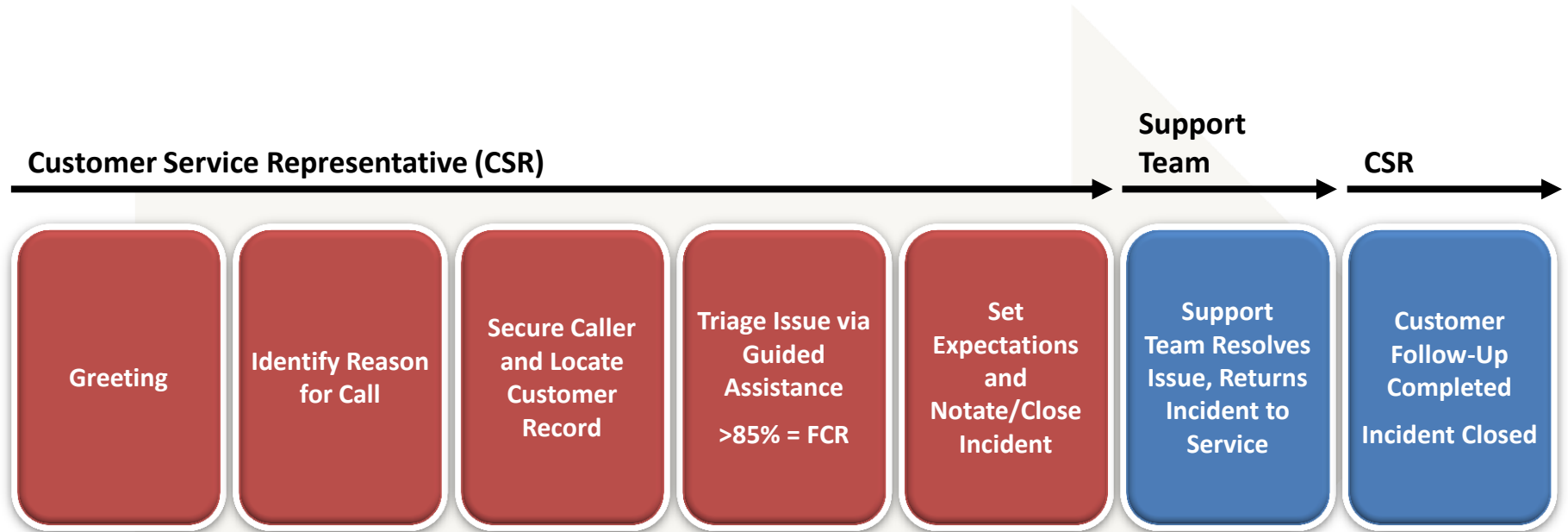
For all abandonment rate for 2016 was 1.4% while the abandonment rate for 2015 was 21.0%. This is a decrease of 19.6%. Goal is 5%.

Participant Issues

E-mail: customersupport.oneexchange@towerswatson.com

Green	Issue can be resolved by a OneExchange Customer Service Representative	Transfer or refer retiree to OneExchange Customer Service: 1-866-249-7785 or E-mail Customer Support team: Customersupport.oneexchange@towerswatson.com
Yellow	Issue needs to be resolved by a Client Support Specialist Team	E-mail Customer Support Team: Customersupport.oneexchange@towerswatson.com
Red	Issue needs to be addressed immediately by a Client Support Specialist Team	E-mail details to the OneExchange Customer Support Team and copy Account Manager (Megan Houston): Customersupport.oneexchange@towerswatson.com

Appendix: Advocacy Call Flow



Issue Resolution and Tracking

- **OneExchange Issue Resolution Process**
 - Initial fact-finding call made to retiree within 24 hours (M-F)
 - Additional follow-up with retiree 1-3 business days after issue received
 - Retirees will be contacted twice per week and provided updates on the status of their issue until it is resolved
- **Issue Tracking:**
 - Progress report on any outstanding items through an “Issue Log” by e-mail each Monday and Thursday.
 - Additional information can be obtained from **Customersupport.oneexchange@towerswatson.com**

Escalation Review

- For additional support beyond OneExchange
 - 1st Level escalation: Wespah Health Team
 - 2nd Level escalation: Center for Health—Kasima (will escalate further as needed)
- Issue “trends”—please notify Center for Health
 - Kasima/Kelly

Age-in Process Review

- New Retirees and Age-ins
 - “Intends to Retire” Kit—OneExchange insert
 - Approaching 65 (120 days) reporting
 - Completion of HealthFlex/OneExchange enrollment form by plan sponsors
- Health Reimbursement Account (HRA)—
exceptions
 - Delayed enrollment
 - Enrollment outside of OneExchange

Pre-65 Retiree—Medicare Enrollment

- **Initial Enrollment Period (IEP)**
 - **7-month period** when members can enroll in Medicare coverage
 - IEP starts **3 months before the month of member's 65th birthday**— includes: month of their birthday and the 3 months after birthday
- **Enroll in Medicare Parts A and B**
 - Member should visit local Social Security Office to apply for Medicare Parts A and B up to 3 months prior to desired effective date
- **Schedule a call to enroll**
 - Call with OneExchange benefit advisor

Working Past 65— Delayed Medicare Enrollment

- **Message:** Don't wait until after you stop working to apply for Medicare
 - Try the month before retiring
- If you delay enrollment:
 - No monetary penalty if you apply within the special enrollment period, *but...*
 - If you apply later than the month of retirement, coverage may start the first of the **next** month

CMS Processing Delays for MSP-SEE

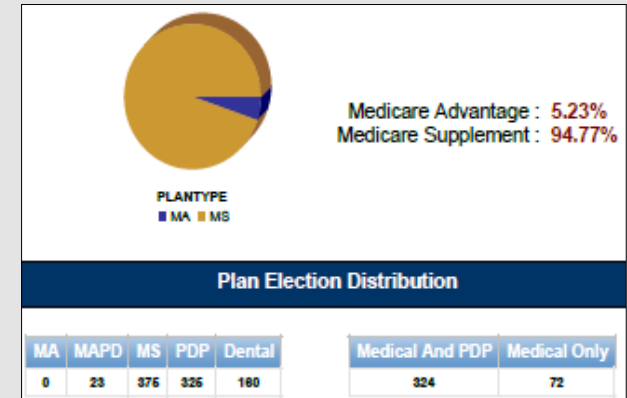
- Recently notified: CMS has had **delays** processing MSP-SEE requests due to system change
- Processing May 8 requests: **last week of July**—retroactive to request date
- **Recommended action:** keep the individual on the active plan pending actual CMS approval
 - **Minimizes risk** for both the active plan (HealthFlex or conference) and the employer (church/conference)

New Reports

- **Post-Enrollment Recap Report**
 - More accurate reporting re: premium costs vs. HRA allocations
- **Switcher Report**
 - Medical Plan—109 members or 1.8%
 - Prescription Drug—308 members or 5.2%
- **Loss of Funding Information**
 - OneExchange will include members in weekly Issue Logs
- **Detailed Election Report (DER)**
 - Monitor status of age-in retirees throughout the year
- **HRA Ledger Summary Report (Payflex)**
 - On Demand or Weekly, Monthly
 - HRA Balance and Claim status

New Reports— Post Enrollment Recap Report

- Variety of plans selected
- Average premiums
- Plan election distribution



Appointments			
Appointments Made	Appointments Met	Met %	
420	372	89%	

Core Enrollment Completion Percentage			
Campaign Name	Eligibles	Elections	Completion %
	420	398	

Average Monthly Premium by Plan Type				
Plan Type	Average Premium	Minimum Premium	Maximum Premium	Median Premium
Dental	\$35	\$19	\$56	\$36
MAPD	\$95	\$0	\$189	\$69
MS	\$171	\$36	\$414	\$169
PDP	\$31	\$13	\$101	\$29
Vision	\$14	\$12	\$14	\$14

MA vs MS Enrollments	
MA	23
MS	324

Overall Carriers and Plans Selected	Medical Carriers and Plans Selected
# Different Carriers Selected 33	# Different Carriers Selected 23
# Different Plans Selected 160	# Different Plans Selected 52

Top 10 Overall Carriers	Top 10 Medical Carriers
AARP Medicare Supplement from United Healthcare	AARP Medicare Supplement from United Healthcare
Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company	Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company
SilverScript	Carefirst BlueCross BlueShield of Maryland
Humana	Aetna
Delta Dental	Humana
AARP Part D from United Healthcare	American Continental Insurance Company, an Aetna Company
Continental Life Insurance Company of Brentwood, Tennessee, an Aetna Company	Geisinger Health Plan
Vision Service Plan	Erickson Advantage
Carefirst BlueCross BlueShield of Maryland	AARP Medicare Advantage from United Healthcare
Aetna	Anthem BlueCross BlueShield of Indiana
	Anthem Blue Cross and Blue Shield

New Reports—Switcher Report

Number of participants who switched plans with OneExchange for the specified effective date

Report Sample

OneExchange [™] from Towers Watson		Switcher Report	
Campaign Name	Replaced Plan Type	# Switchers	
Client Name Campaign	MA2MS	2	
Client Name Campaign	MS2MS	1	
Client Name Campaign	MA2MA	13	
Client Name Campaign	PDP2PDP	41	
Client Name Campaign	MS2MA	6	
Mar 22, 2016	1 of 1	11:53:32 AM	
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New Reports— Detail Election Report (DER)

Tracking enrollment status, HRA qualifications, amounts and effective dates

Report Sample (Summary)

OneExchange[™]
from Towers Watson

External - Detailed Election Report for Client Name - Medicare Campaign

Summary

Note: The HRA attributes displayed in the detailed section of the report is calculated based on this date : **Aug 1, 2016**

Overall Summary					
Lead Status	Client Name Segment 1	Client Name Segment 2	Client Name Segment 3	Client Name Segment 4	# of People
Contacted but not enrolled	174	105	16	101	396
Enrolled	172	902	43	153	1,270
Not contacted	353	226	165	200	944
Grand Total	699	1,233	224	454	2,610

Participant Status Summary For Initial Transition of Eligibles Effective -- Jan 1, 2014					
Lead Status	Client Name Segment 1	Client Name Segment 2	Client Name Segment 3	Client Name Segment 4	# of People
Contacted but not enrolled	122	81	6	25	234
Enrolled	96	723	22	76	917
Not contacted	267	51	124	111	553
Grand Total	485	855	152	212	1,704

Report Sample (Detail)

appSSN	sponsorSSN	FirstName	MiddleName	LastName	dateOfBirth	gender	relationshipTypeName	eligibilityStartDate	medicarePartAStartDate	medicarePartBStartDate
123456789	987654321	Jane	F	Doe	19430509	F	Spouse, Domestic Partner, or Civil Union Partner	20160101	20000801	20000801
987654321		John		Doe	19410712	M		20160101	19960201	19960201

“HRA Plan” Legal Requirements

- Summary Plan Description*
- Plan Document
 - Article X of *HealthFlex Plan Document* refers to “Medicare Connector HRA”
- Privacy Notice*
- PCORI fee (July 31, annually)

*Consider making available online year-round; or available upon request

Legal Updates

- Any future changes to ACA—effect on Medicare plans
 - Wespath will continue to review and inform of changes
- Medicare Plan F—eliminated by 2020
 - MACRA legislation eliminates new enrollment
 - Grandfathered participants (may see higher premiums)
 - Plan G or N—similar plan design, more and more popular

2018 HRA Increases—Timeline

August 30

- Center for Health sends current HRA amounts in preferred layout/format



September 30

- Please return any HRA updated amounts to CFH in provided format



Early October

- Wespath sends updated amounts to OneExchange via eligibility file (Businesssolver)

October 15

- Medicare Open Enrollment begins



Late HRA Updates

- Please send to Health Team via updated enrollment forms



January 2018

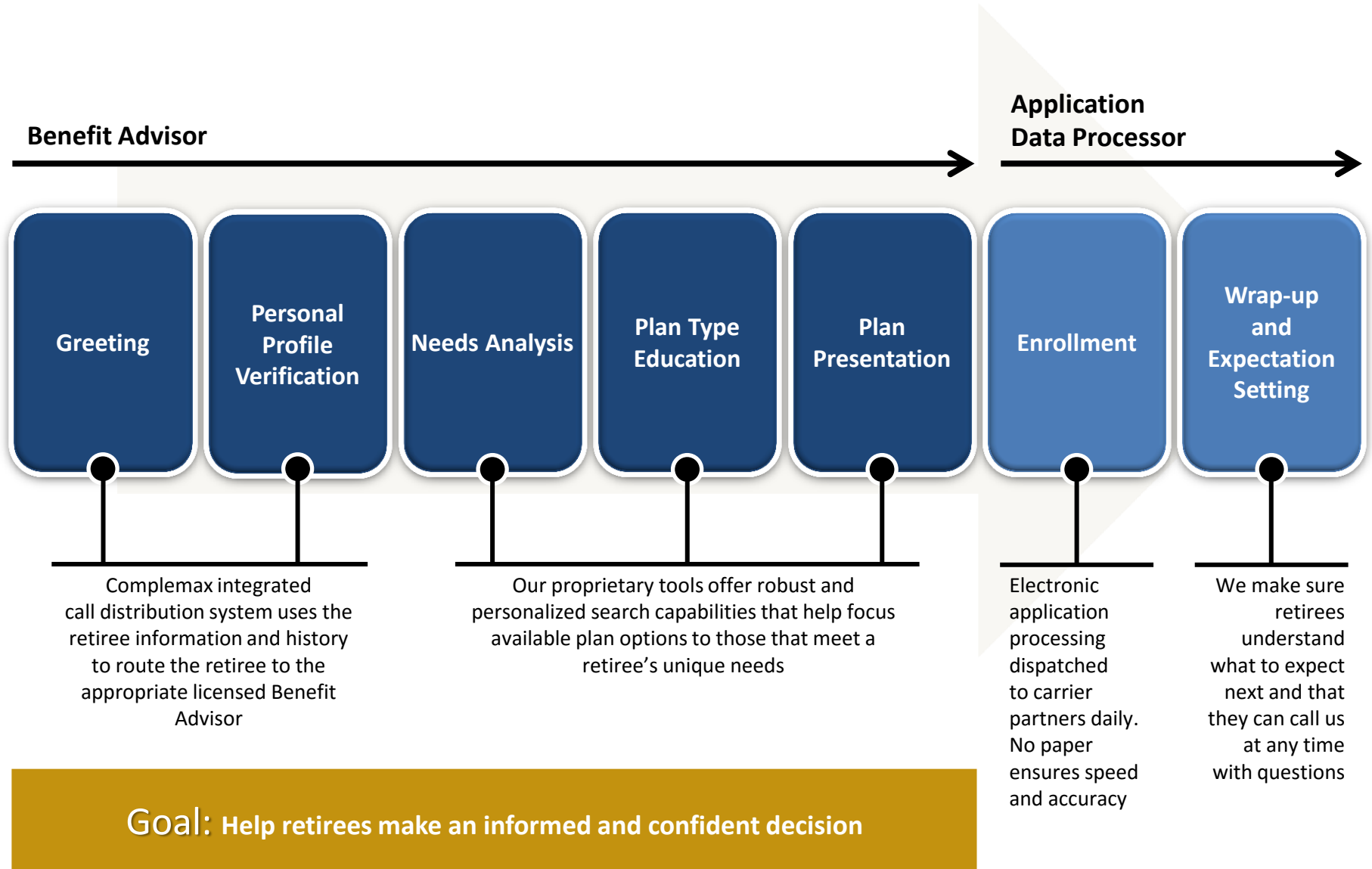
- New HRA amounts in place!

Note: HRA funding is allowed for MSP-SEE population

Open Enrollment Refresher

- 2018 Open Enrollment:
Oct. 15 – Dec. 7, 2017
 - OneExchange available:
Monday-Friday
8:00 a.m. – 9:00 p.m., EST
- Currently enrolled members:
 - Receive fall newsletter by e-mail or mail (as selected)
- New Part B recurring claim form to be sent in 2017

Appendix: Enrollment Call Flow



Open Enrollment Refresher

- **Medicare Advantage Plans**
 - Can change between Medicare Advantage plans or from Medigap plan to Medicare Advantage plan during Open Enrollment *without underwriting*
- **Medicare Supplement/Medigap Plans**
 - To change between Medigap plans or from Medicare Advantage plan to Medigap plan *will likely face underwriting*
- **Part D Plans**
 - Most common change: can change Part D plans during Open Enrollment *without underwriting considerations*

Open Enrollment Refresher

- Typical Open Enrollment activity
 - **25%** will call in
 - **5%** will change medical plans (typically Medicare Advantage)
 - **8%** will change their Part D prescription plans
- Reasons for changes
 - Changes to medical/pharmacy needs
 - Carrier terminates plan (not common, letter 90 days in advance)
 - Members should call OneExchange to choose a new plan

Open Enrollment Refresher

- 2-4 minute wait time expected most days
 - Mondays are busiest
 - Afternoons, end of week, Thanksgiving week are lighter
- High volume weeks: **Oct. 31-Dec. 3**
(especially Nov. 28-Dec. 3)
 - Best to call **early** during the Open Enrollment period

OneExchange Rebranding—Via Benefits®

- No changes to services or functionality
- Timing
 - Name change after 2017 open enrollment period (Feb 2018)
- Communication
 - Information will be posted on OneExchange website and included in fall newsletter
- **FAQs will be available**





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