

Health and Wellness Topics and Trends

Conference Forum 2016



Agenda

Health and Wellness Topics and Trends

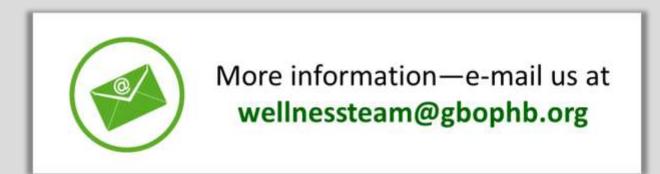
- Virgin Pulse (VP)
- Other Denominational Wellness Trends
- Active Plan Changes and Results
- OneExchange Changes and Results

HealthFlex Strategies and Directions

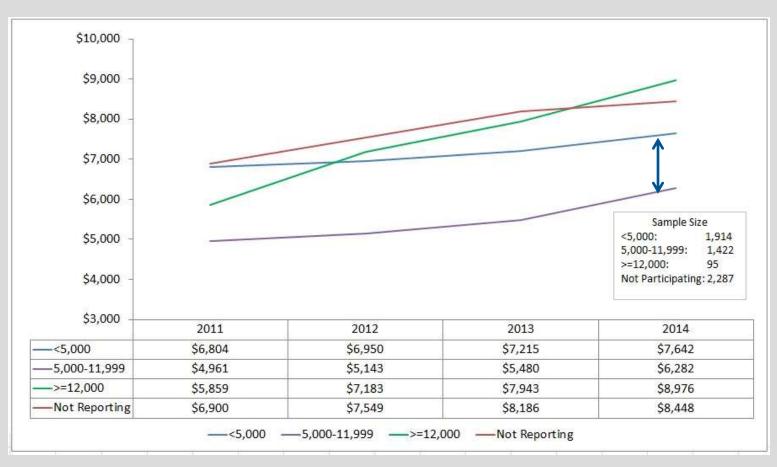


Wellness Programs— Available to All Conferences

- Virgin Pulse (VP) well-being program
 - Currently sponsored by 50 conferences,
 employers and general agencies
- Blueprint for Wellness biometric screenings

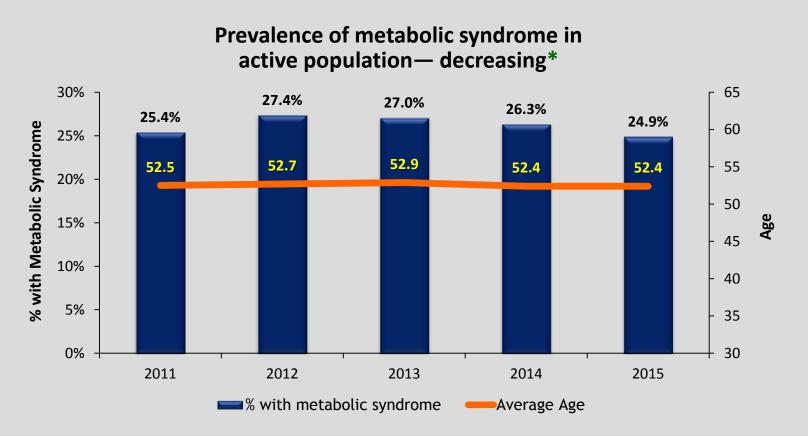


Medical Costs by VP Activity Level



Participants taking desired average steps show a leveling of health claims. High-active group is small and skewed by high cost claimants.

Metabolic Syndrome Trend Illustrated by Blueprint for Wellness



^{*} Each year's data based on total HealthFlex active plan participants completing Blueprint for Wellness (BFW) that year. No significant difference in average age; therefore, favorable trend is not simply due to a younger population completing BFW in recent years.

Center for Health— Other Wellness Services

Coming soon

- Webinars and toolkits providing evidenced-based information
- Wellness newsletter with leadership corner and church bulletin inserts on wellness topics
- Consultation/assistance in wellness program development and implementation
 - Successful, comprehensive, sustainable
 - Based on "5 dimensions of wellness"
- Information/presentation on personal health and well-being



Health Care Landscape—Actives

Across U.S.

Public exchanges and tax credits
→ More "affordable" options
but at what cost?

Avoiding Cadillac Tax (delayed)
vs. minimum value requirement

Opposing demands on plan design

Creative employer group health plan strategies → Strive for sustainability and employee satisfaction

Consumerism, accountability, transparency → Participant shared responsibility for keeping costs lower

UMC Specific

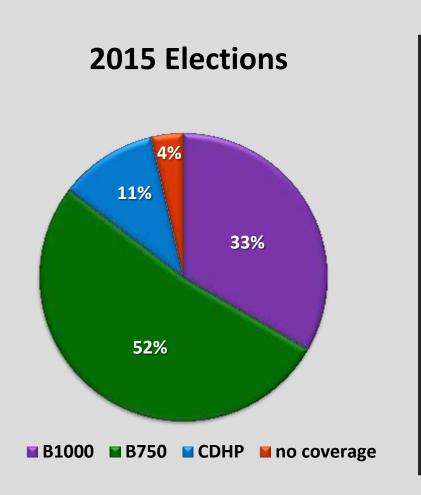
High average age → High chronic conditions and health care utilization

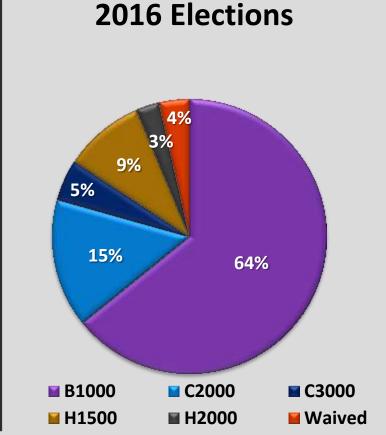
Connectional/appointment
preservation → Continuity matters

UMC Strategies—Active Population

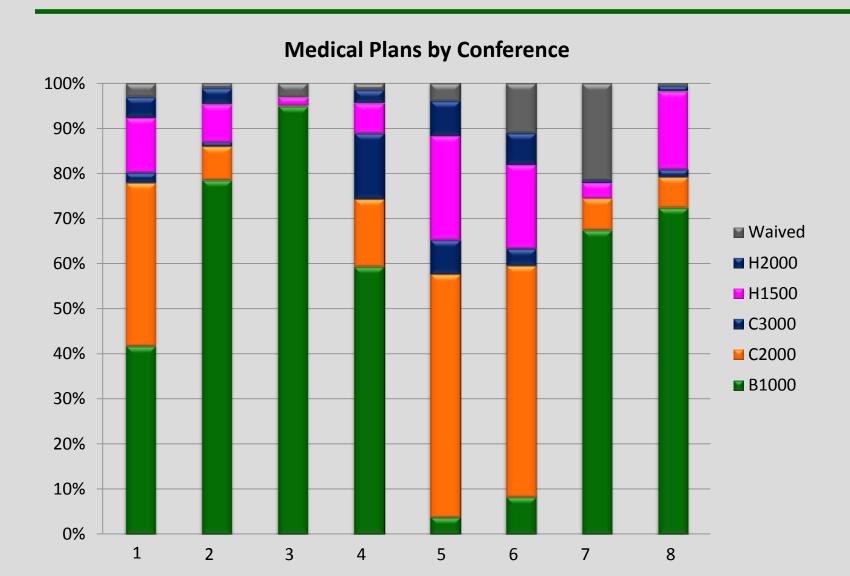
- Maintain group plan -> Status quo vs. creative strategies
 - Adding consumer plan:(225% increase in HDHP from 2009-2014)
 - HealthFlex Exchange (8 transitioned for 2016)
 - Dependent coverage strategies
 - Groups considering transition to HealthFlex
- Exit group health plan -> Provide taxable salary increase
- Blend of above → "Local church option"

HealthFlex Exchange— More Options for Participants

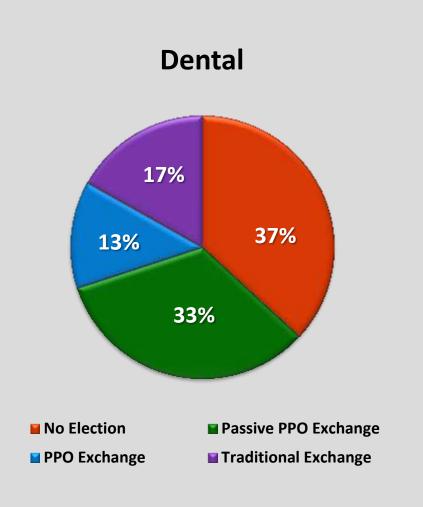


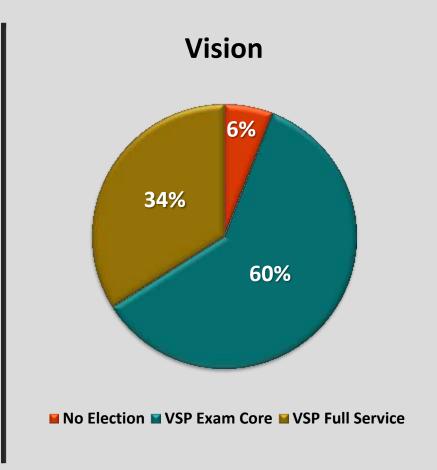


Exchange Elections by Plan Sponsor— Conference Approach Impacts Choice



Exchange Elections— Dental/Vision Options Appreciated





ACA* Marketplace

- 3 conferences as of 2016
 - Stipend range \$12,000-\$14,232 per clergy
- Additional conference planning for 2017
 - Variable stipend by tier
- As of 2015,
 - 48% considering private exchanges
 - 25% considering the public exchange market
 - 93% consider wellness important to offer

^{*} ACA: Affordable Care Act

UMC Strategies—Retiree Population

- OneExchange

 Through General Board or on own (access to plans with or without HRA* funding)
- Maintain group plan

 Typically fully insured; may have more comprehensive Rx coverage than Medicare Part D
- Stipend → Leverage State Health Insurance Assistance Programs (SHIP)
- Access-only

 Provide access-only for all or part of population (e.g., new retirees may not have funding)
 - 42% in 2015

^{*} HRA: Health reimbursement account

Medicare Supplement Market Individual vs. Group Plans

Many UMC conferences have found that offering access to individual plans, with an option to provide funding assistance, is best aligned with individual and conference needs

Choice

Flexibility

Cost Effective

Sustainable

UMC Enrollment Stats

21 plan sponsors (2012–2016)

6,421 eligible members

- 98% contacted by OneExchange
- 92% made elections (compared to 88% nationwide "average")
- 902 unique plans chosen (204 in 2016)
- 85 different insurance carriers (41 in 2016)

2016 Average Monthly Premium

Medicare Supplement (Medigap)	\$185
Prescription Drug Plan (PDP) • Coordinates with Medicare Part D	\$29
Medicare Advantage with prescription drug	\$57
Dental	\$39
Vision	\$14

Participants can use HRA funding from conference (if any) toward reimbursement of premiums

HealthFlex Strategies and Directions

GBPHB (HealthFlex) Approach

Cost sustainability via plan design and wellness

HealthFlex Exchange platform: choice, defined contribution

Make available less-generous, consumer-driven plans + health accounts

Consumer decision support and transparency tools

Maintaining broad networks, formularies, wellness

HealthFlex Exchange parallels public exchange-type plans and choice for split populations

2017 HealthFlex Medical Plans





Other Future Considerations

- Preparing for Cadillac Tax (delayed—2020)
- May eliminate HRA wraparound for PPO plans
- May remove HSA* from cafeteria plan
- May offer coverage only via HealthFlex Exchange
 - Maximize service quality and efficiency
 - Risk management considerations
- May limit or eliminate MRA*
- Evaluate impact of defined contribution (DC) overage and wellness incentives on "plan value" for W-2 reporting

^{*} HSA: Health savings account MRA: Medi

Exploring New Tactics



Benefits Value Advisor



Telemedicine



Second Opinion
Services



Centers of Excellence



Alternative Networks

Not just controlling costs ... maximizing health

HealthFlex Exchange—Different from ACA Marketplace (Public Exchange)

HealthFlex Exchange

- Broad networks
 - Nationwide networks
- No age-band rating
 - Important for clergy at or above UMC average age (>50)
- Non-taxable plan sponsor contributions
- Wellness programs and related incentives always included

Public Exchange(s)

- Narrow provider networks
 - Up to half of doctors omitted
- Age-banded rating
 - Premiums vary up to 3x by age
- No pre-tax funding
 - Tax credits for some
- No wellness wraparound

Private Exchange(s)

- Possibly narrower networks
- Still group-rated, plus fully-insured fees
- Non-taxable plan sponsor contributions
- May have multiple carriers
- Wellness options limited

HealthFlex Exchange—Conceptual Framework

More Plan Options

6 Medical/Rx ● 3 Dental ● 2 Vision Options



Higher premiums, lower out-of-pocket





Lower premiums, higher out-of-pocket

YOU "shop" for plan with "credit" (DC)





More premium owed

Less premium owed

Premium costs offset by "credit" (fixed defined contribution)





Premium less than DC ("credit")

= "Excess" deposit to: HRA or HSA*



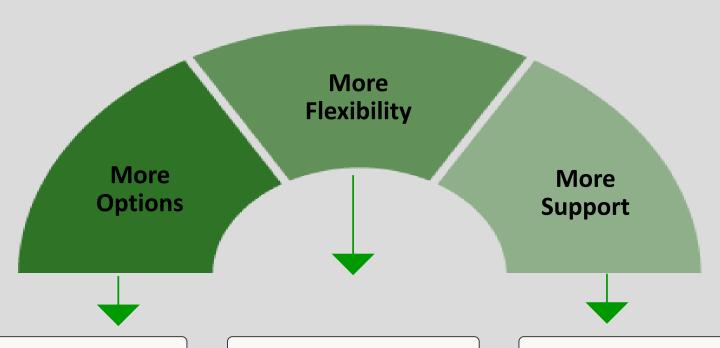


Premium exceeds DC

= Salary deduction (medical, dental, vision)

^{*} HRA: Health reimbursement account; HSA: health savings account

HealthFlex Exchange: More Choice



- Medical/Rx, dental and vision options
 - 6 medical/pharmacy plan combinations
 - > 3 dental choices
 - > 2 vision choices

- Align plan with personal needs
 - > Medical needs
 - > Financial situation
 - Comfort with unexpected expenses

- Guidance for plan selection
 - WebMD's Coverage Advisor
 - MyChoice decision support
 - > Telephone support

HealthFlex Exchange: Same Quality

- BCBSIL or UnitedHealthcare
- OptumRx (formerly Catamaran)
- United Behavioral Health
- VSP and CIGNA

Same Health Plan Partners

Same Provider Networks

- HealthCash for activity, screening and Wellness Points
- Avoid higher deductible by taking HQ

Same
Wellness
Incentives

Same
Award-Winning
Wellness
Programs

 No narrow networks or restrictive formularies WebMD, Virgin Pulse, Quest, Evive Health and more

Participant Decision Support



Online decision support and guidance toward plan selection (Coverage Advisor, MyChoice)



Telephonic assistance available (Businessolver)

Coverage Advisor—Cost Summary by Plan

	Cost Summary	Savings	Net Costs	Rollover Balance	Lost Funds
BCBSIL B1000P1	\$12,203	\$3,419	\$8,784	\$0	\$0
BCBSIL CDHP C2000P2	\$13,191	\$5,295	\$7,896	\$0	\$629
BCBSIL CDHP C3000P2	\$13,261	\$3,361	\$9,900	\$0	\$0
	Your estimated out-of-pocket expenses are detailed by type of expense. These estimates are based on the your health care usage and the plan's benefits.				
		Annual Premium	\$7,164		
	Co-Pay Deductible Coinsurance Prescriptions Other Costs		\$3,000 \$2,293		
			Other Costs \$285		
	Uncovered Health Care Expenses		Expenses \$0		
	Total Expenses		\$13,261		
BCBSIL HDHP H1500	\$13,062	\$4,905	\$8,157	\$3,222	\$0
BCBSIL HDHP H2000	\$13,344	\$4,635	\$8,709	\$4,880	\$0

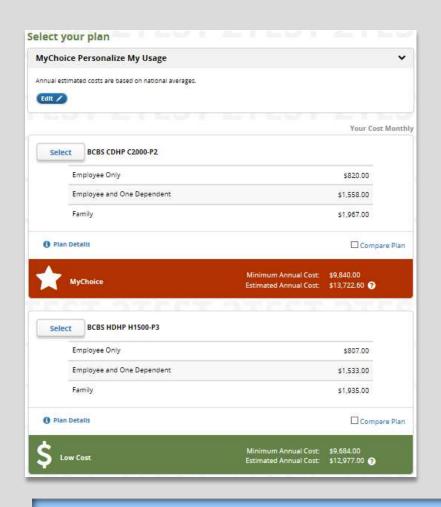
Receive cost comparison by plan, including premium and estimated out-of-pocket costs for each plan

Cost estimates are for illustration only. Actual costs may vary.

Coverage Advisor—Benefit Comparison

		Hide D	• Hide	• Hide	
	General Plan Information	BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000	
Hide	Plan type	PPO	PPO	PPO	
Hide	Phone	1-866-804-0976	1-866-804-0976	1-866-804-0976	
Hide	Website	https://www.webmdhealth.com/gbophb/default.aspx? secure=1	https://www.webmdheaith.com/qbophb/default.aspx? secure=1	https://www.webmdheaith.com/gbophb/default.asp secure=1	
	General Coverage Information	BCBSIL B1000	BCBSIL CDHP C2000	BCBSIL CDHP C3000	
	Deductible Individual	In-Network: \$1,000 Click here for more information	In-Network: \$750 Click here for more information	In-Network: \$750 Click here for more information	
Hide		Out-of-Network: \$2,000 Click here for more information.	Out-of-Network: \$1,500 Click here for more information	Out-of-Network: \$1,500 Click here for more information	
C 22	Deductible Family	In-Network: \$2,000 Click here for more information	In-Network: \$1,500 Click here for more information	In-Network: \$1,500 Click here for more information	
Hide		Out-of-Network: \$4,000 Click here for more information	Out-of-Network: \$3,000 Click here for more information	Out-of-Network: \$3,000 Click here for more information	
		In-Network: 80% after deductible	In-Network: 80% after deductible	In-Network: 80% after deductible	
Hide	de Co-insurance	Out-of-Network: 60% after deductible	Out-of-Network: 60% after deductible	Out-of-Network: 60% after deductible	

MyChoice—Medical/Rx Options





Options are a suggestion only, based on decision support tool.

Participant can select any available plan(s).

Cost estimates are for illustration only. Actual costs may vary.

Businessolver—Plan Comparison

		THIS COUR COME DO		
	UHC PPO B1000-P1	UHC CDHP C2000-P2	UHC HDHP H1500-P3	
	Select	Select	Select	
eductible (Individual)	\$1,000 (assumes completion of the Health Quotient requirements)	\$2,000 (assumes completion of the Health Quotient requirements)	\$1,500 Applies to participant-only coverage. Assumes completion of the HealthQuotient requirement.	
Deductible (Family)	\$2,000 (assumes completion of the Health Quotient requirements)	\$4,000 (assumes completion of the Health Quotient requirements)	\$3,000 Applies to participant + 1 and family coverage. Assumes completion of the HealthQuotient requirement.	
Coinsurance	80% (plan responsibility)	80% (plan responsibility)	80% (plan responsibility)	

View side-by-side coverage comparisons

HealthFlex Exchange Timeline

Q4 2015 – Q1 2016	Board meeting support • DC modeling assistance • Communications • General Board staff support (in person/phone)
April	Decision (pending AC approval)
June	Formal adoption agreement • Finalize DC and default plans
June – September	 Participant communications Tools to support plan sponsor communication General Board mailing in August Plan sponsor "train the trainer" in August
September – October	Participant workshops (conducted by plan sponsors)
Early November	Annual Election period

Transition Factors

Transparency

- Actual premium rates available to participant
- Variations between contribution and church deductions
 - > Blending premiums
 - > Plan sponsor administrative costs

Communication and education

- General Board supports (train the trainer, toolkits)
- Plan sponsor resources (time, trainers)

