

# Employee Benefits Advisory Committee

## Minutes from the August 15, 2018 Meeting AO Room 406

### Members in Attendance:

Mark Lacey (Chairperson)  
Jametoria Burton (APC)  
Denise Giarrusso (APC)  
Christina Goodell (Faculty)  
Steve Milczanowski (Faculty)  
Amanda Miller (Career)  
Brenda Mills (Career)

### Members Absent:

George Coleman (Faculty Alternate)  
Tameiko Grant (APC Alternate)  
Jill Bradberry (Alternate)

### Resources in Attendance:

Randi Brokvist  
Diana Crigger  
Anita Kovacs  
Al Little  
Debbie Monnserratt  
Glenda Parrish  
Judy Robbins  
Dawn Swed  
Steve Stanford

### Guests/Public in Attendance:

Greg Ferguson, Florida Blue  
Edith Hodges, Florida Blue  
Tony Gantsine, FSCRMC

---

The meeting commenced at 2:30 p.m. A quorum was confirmed to be present.

### Introductions & Approval of the Minutes (Lacey)

Chair Lacey opened the meeting welcoming everyone and introduced new members Brenda Mills (Career) and Glenda Parrish (Resource). Chair Lacey introduced and welcome guests, Greg Ferguson and Edith Hodges of Florida Blue and Tony Gantsine of the FSCRMC (Florida State Colleges Risk Management Consortium, aka “Consortium”).

Chair Lacey notated that the approval of the minutes are done with the practice of sending out the minutes to members to vote their approval/disapproval via email and posting the approved minutes on the website.

### Benefits Update/Health Insurance Plan Changes (Lacey) (Robbins)

Chair Lacey stated that there will be some upcoming changes to the medical insurance plans and asked the representatives to present the information to the Committee on the upcoming changes.

### Medical Plan Update (Lacey)

Chair Lacey informed the Committee that the Consortium reviewed plans and will be implementing changes to the 2019 insurance plans. Changes include removing the PPO Plus plan and adding a Health Savings Account (HSA) plan which still leaves three plans to choose from (PPO base; HMO; and the HSA). The HSA plan is a high deductible plan that

will offer a lower premium cost to the employees. Workshops will be scheduled to educate employees about the HSA plan as well as overall plan options prior to Open Enrollment.

**Medical Plan:** The Consortium informed FSCJ that the PPO Plus Medical Plan will no longer be offered. The new plan that will be introduced is the High Deductible Health Plan (HDHP) along with a Health Savings Account (HSA).

Mr. Ferguson with Florida Blue, along with Ms. Hodges and Mr. Gantsine, discussed the PPO Plus plan advising only 108 employees/retirees are on the plan and it is, therefore, not cost conducive to maintain that plan.

The HDHP & HSA plan will be introduced in informational seminars in September. During Open Enrollment, employees on the PPO Plus plan will need to make a selection into another medical plan or they will default into the PPO Base plan.

The PPO Base plan had a reference of 99.3% participation rate with dollars spent in the network, which is a cost savings to the employees.

There will be a few changes to the PPO Base plan. They are:

- Ambulatory Surgical Centers copay will go from \$75 to \$100
- Inpatient Facility will go from \$750 to \$1000 deductible
- Outpatient Facility will go from \$150 copay to Cost of Deductible
- Physician's Facility Charge will move from Deductible to Coinsurance

The HMO Plan has one change with certain RX remaining on the ZERO cost share plan:

- The RX plan copay will go from \$10 to \$15 for generic

A full list of RX costs are available on the Florida Blue website. Diabetic supplies and pumps are covered under a ZERO Cost share.

### **New HSA Plan**

The HSA plan will have two categories: Employee Only and Family Coverage. Family coverage will be defined as employee plus one dependent.

The individual deductible for the plans are:

Employee Only	\$1500	Max out of pocket	\$4,500
Family	\$3000	Max out of pocket	\$6,850

After meeting the deductible, the co-insurance member cost share is 20% . The embedded out-of-pocket maximum would be:

Employee only coverage	\$6,000
Family coverage	\$9,000

Ms. Miller asked for a copy of the plan comparison. Chair Lacey said he would get this information out to the Committee members.

HSA administrator will be Health Equity. HSA is a bank account set up for the employee.

Funds come from employer contributions and the employee can make pre-tax contributions to the plan as well. If the employee leaves employment, the HSA account is theirs to take with them. The funds are to be used for medical expenses and it is not a “use it or lose it” plan. The HSA has investment options for the employee. The HSA can be treated as a retirement vehicle with tax advantages.

Ms. Robbins stated that employees must be enrolled in the HDHP in order to be eligible for the HSA plan. They must enroll in the plan during Open Enrollment. Also, employees on the PPO Plus plan who do not make a decision, will default to the Base PPO plan. The HSA plan through Health Equity has a mobile app and employees can take a picture of the receipt to get a reimbursement from their HSA.

A question was posed by Ms. Giarruso on whether the funds are put into the employees’ account and posted by January 2019. If so, and if an employee quits, is that money prorated? The response was that if an employee enrolls in the HSA plan, the money that is in their account will belong to the employee if they should leave and will not be prorated.

Ms. Goodell stated that an employee cannot be in both a Health Savings Account (HSA) and a Flex Spending Account (FSA). There are IRS regulations on these types of accounts.

Mr. Ferguson also stated that Tele-Doc is also available on the HSA plan. Those employees on the PPO or HMO plans have a \$10 copay but with the HSA, there is a \$45 allowance for this service. He also stated that CVS/Target pharmacies were bought out and no longer in the network as of 2019. He stated that this would not impact rates or services as the geo access data indicates that there are multiple in-network pharmacies within a five mile radius.

Mr. Little commented that with the medical insurance plans no single coverage is right for everyone. The College provides affordable options and with the PPO Plus plan going away, the HSA provides options for some people. Premiums for family will be cheaper and the HDHP deductible that is being offered is much lower than most plans.

Mr. Ferguson stated that employees may be attracted to this plan due to the maximum out-of-pocket costs, especially with the Consortium funding a portion of the deductible for the employee.

Chair Lacey stated that the information will be presented to the Board and Consortium for approval, and to be careful not to allow the information to get out before approval. He also stated that the College offers choices for the medical plans and will be conducting informational sessions for the new HDHP and HSA plan. We want the employees to be informed and educated of the choices that are being offered.

Ms. Miller posed the question and it was confirmed that the HSA plan is the same network type of plan with preventative type of coverage, and is a PPO based plan.

Chair Lacey stated that the HSA plan is a tax advantage plan with the Consortium making a contribution to the plan and employees may also make pre-taxed contributions to the HSA. The Consortium will make annual contributions to the HSA plan in 3 tiers: Employee Only

Coverage contribution of \$500; Employee +1 contribution of \$1,000; and Family Plan contribution of \$1,000.

Chair Lacey presented information on the medical plans and that we are anticipating a 7.75% increase to the premiums. FSCJ does subsidize the premiums. The HSA does help with not having high premiums because the employee is in charge of self-funding the plan and can manage their medical costs.

Chair Lacey informed the Committee that FSCJ will contribute \$1,000 along with the Consortium's contribution to help employees fund their HSA plan. These contributions are for the first year only at this time. HR will conduct a survey on the plan to see how well the plan did and if it met expectations.

With FSCJ and the Consortium's contributions to help fund the deductible on the HSA plan, the employee only deductible of \$1,500 will be covered the first year. Employee plus one dependent coverage will receive a \$1,500 contribution and the family plan will be funded with \$2,000 contribution towards the \$3,000 deductible. The employee can make contributions to the HSA plan to help fund the deductible also.

The PPO plan deductible is \$600 employee / \$1,800 family without any contributions made toward the deductible. It is suggested that employees compare the plans. Employees can go out to the Florida Blue website and register with an account to see their costs for the medical plans that they have had for the previous years.

Chair Lacey stated that this is a nice incentive for employees to consider with the HSA plan.

Ms. Brokvist posed the question that if someone wanted to switch back to the PPO plan during the next Open Enrollment would they be able to do so? The answer was yes, and the funds that are in the HSA plan is the employee's to keep.

Chair Lacey also stated that the HSA has investment options and recommends employees attend the informational sessions to learn more.

Ms. Giarruso asked how the HSA works at the doctor's office? It was answered that you would use your HSA card just like your FSA card to pay for the costs associated with the visit. You would have to meet your deductible, so you will be paying for services at the allowed amount by the network; it would not be a copay.

Chair Lacey thanked Mr. Ferguson, Ms. Hodges and Mr. Gantsine for attending the meeting and providing the information on the plans.

### **Proposed 2019 Premiums** (Brokvist)

The premiums for 2019 are tentative and the rate increase will be 7.75% for the medical plans. The Dental HMO has no increases and the Dental PPO is in review. The administrative fee for the plans are going up from \$3.13 to \$3.30. She stated that they are still waiting on the DV (Consortium) rates. Ms. Robbins will meet with Mr. Gantsine for clarification.

Mr. Little stated that there is some minor tweaking on the dental but all categories are on track. He stated that the family coverage costs will increase.

Ms. Kovacs stated that the dental plans are fully insured. Ms. Brokvist stated that with the options for dental, the contract is through 2019 and will start the bid process early next year.

Mr. Little, speaking on behalf of the Consortium, stated with tracking the categories of individual, individual plus one dependent, and family coverages, that the rates came to the experience and rating and some coverages may go up. The third year will be re-rated. There were some claims that ran into the millions which may hurt the rating, but it will help get us right rating based on our claims. The Consortium helps with the rates as we are not self-funded, and it helps with the Consortium sharing the costs of the claims.

**Retiree Life Insurance** (Lacey/Robbins)

Chair Lacey reported that it is being proposed the College change the way it subsidizes the retiree life insurance premiums. Currently, the College subsidizes the Closed Class group for a rate of \$1.07 versus the \$1.96 per \$1,000 per coverage the Open Class is charged. The proposed change is that the College will offer only a \$5,000 policy for a flat fee of \$9.80 per month. Those retirees currently paying the \$1.07 will be offered to continue their life insurance coverage at a rate of \$1.96 per \$1,000 of coverage or switch to the \$5,000 policy. There are currently 334 retirees with coverage.

Mr. Little stated that the change would save the College around \$60,000 annually.

**Open Enrollment** (Robbins )

The Open Enrollment dates will be from October 15, 2018 to October 26, 2018 with sessions held at each campus during the first week. Representatives from Florida Blue and other vendors will be present. Flu shots will also be offered at each campus during the Open Enrollment sessions. More information is forthcoming.

**Next Meeting** (Lacey)

The next meeting of the EBAC will be Wednesday, August 22, 2018 at 2:30 p.m.

The meeting adjourned at 4:09 p.m.