Employee **B**enefits **A**dvisory **C**ommittee

Minutes from the September 4, 2014 Meeting
AO, Room 403A

In attendance:

Rick Lewis (Chairperson)	Judy Robbins (Resource)
Stan Jurewicz (Resource)	Dawn Swed (Resource/ Career Alt.)
Steve Stanford (Resource)	Denise Giarrusso (APC)
Mia Jeckel (Resource/ Note Taker)	M. Kathy Ebener (APC)
Larry Snell (Resource/ APC Alt.)	Ken Whitten (Faculty)
Yvonne Horner (Retiree)	Sonya Polke (Resource)
Dennis Blank (Resource)	Mandi Miller (Career)
John Robinson (Resource - RobinsonBush Consulting)	Belinda Potts (Career)
Jan Bush (Resource - RobinsonBush Consulting)	

Absent:

Cleve Warren (Resource)	George Coleman (Faculty Alt.)
Stephen Milczanowski (Faculty)	

The meeting commenced at 1:03PM EST. A quorum was confirmed to be present.

Introduction of New Participants (Lewis)

Mr. Lewis welcomed everybody and asked that each person introduce themselves and identify which group they represent.

Approval of Minutes (Lewis)

Motion: To approve the minutes from the November 20, 2013 EBAC meeting as presented by e-mail prior to the meeting. The motion was approved by unanimous vote. (Moved by Whitten; seconded by Ebener)

Reports and Discussions

Update on Comprehensive Diabetes Management Pilot Program (Robinson) (HANDOUT)

Mr. Robinson provided a brief background of the Comprehensive Diabetes Management Pilot Program that was approved by EBAC and implemented by the College. Last November the EBAC approved up to 50 participants to go through a 17–week program with Northeast Florida Endocrine and Diabetes Associates (NEFEDA). 28 participants started the program in February and 25 completed the program and are currently in a maintenance plan. The initial cost of the program was $675 per participant which included diabetes-related office visits at NEFEDA, body composition, resting energy expenditure test, electrocardiogram, individual meeting with dietitian, and 17 1-hour group sessions (1 per week). At this point, Mr. Robinson reviewed the results from the first 25 participants who completed the program (pages 3-5 of the handout). Highlights of the presentation and questions/ answer session included:

- Florida Blue mailed out registration information directly to the home address of the individuals who met the criteria for the program. The criteria included carrying a diagnosis of diabetes, being over the age of 18, and being covered under one of the College's health plans. Employees, dependents, and retirees who met these criteria were eligible. Mia Jeckel, Health & Wellness Manager, sent out an e-mail to all fulltime employees the week the letters went out to let employees know these letters would be going out to eligible individuals and encouraged them to look for the notice in the mail.
- NEFEDA informed the College that there were at least 2 retirees who participated but they did not believe there were any participants who were dependents.
- Since only 28 people initially participated, we are seeking 22 more participants to begin a second cycle of class. Florida Blue will again send information through the mail and the College will send e-mail reminders and include information in wellness newsletters.
- Groups are made up of 8-12 individuals and offered at a variety of times to accommodate different scheduled.
- All programs were held at NEFEDA's downtown location for the last cycle of groups, but some participants expressed a preference of having classes at FSCJ locations so this is being considered for the next cycle of groups. Participants will still have the option of having the program at the NEFEDA location.
- The next cycle of groups will go through the same program as the first cycle, with the exception that we are adding Health Advocate to the schedule for one of the week's group sessions to focus on stress and depression and how they affect diabetes. Two of the other sessions will be combined to maintain the 17-week length.
- Although the program is open to both Type I and Type II diabetes, there were no Type I individuals who signed up for the first cycle.
- Claims data on participants will be tracked for at least one year. We are already noticing a decrease in ER usage for participants during the program
- To continue the success, participants who completed the program are currently participating in a maintenance program where they set goals with their physician each quarter and continue to log their blood glucose levels. They also meet with the diabetes educator/ registered dietitian for a 30 minute session each quarter. Participants retain their incentives as long as they remain active and compliant with the maintenance program. All 25 participants who completed the initial program choose to continue with the maintenance program.
- Successes of program will be highlighted with the hopes of increasing interest for the second cycle of groups. Some individuals have reached out to Mia Jeckel to inquire about participating in the next group after hearing about the program from current participants.
- FSCJ created an anonymous survey that was handed out by NEFEDA to participants at the last group session to gauges their feedback. All survey responses were overwhelmingly positive. The only negatives identified were individuals not liking the tracking (although they admitted it was beneficial and necessary) and 1-2 individuals stated they preferred their old meter to the preferred meter that was given out with the program.
- NEFEDA reported that 22 of the 28 participants were not being managed by an endocrinologist prior to enrolling in the program.

Update on Benefit Renewals (Snell/Blank) (HANDOUT)

Mr. Snell and Mr. Blank passed out two handouts to all attendees. The first handout was a Group Term Life Insurance Proposal Cost Comparison sheet. The second handout was an overview of the status of the various types of insurance. Mr. Snell and Mr. Blank began with Term Life Insurance and provided a brief background and update:

The current contract for Group Term Life Insurance expires on 12/31/2014. A Request for Proposal (RFP) for Group Term Life Insurance was issued in April. The RFP asked for a plan equal to the College's current plan. Seven responses were received, but two were thrown out because they did not meet the defined minimum requirements set forth in the RFP. Minnesota Life, the College's current provider, increased their proposed rate over three years. The Hartford was less expensive over three years fixed rate at a -2.56% reduction change in cost compared to current contract. The Hartford's proposed plan mirror's the current plan.

Following discussion related to Group Life, Mr. Snell and Mr. Blank reviewed the second handout and highlighted that Dental PPO premiums and health insurance premiums will have to go to the board in October for approval. The EBAC was reminded that the College sets the premiums for Health Insurance and Dental PPO so these go to the board every October. It was clarified that the admin fee for Dental PPO will not need to go to the board as last year's board action approved a multi-year contract only the premium needs to go to the Board at this time.

It was then highlighted that Medical Stop Loss Re-Insurance is a very limited market. It will be bid out this fall and plan to be submitted to the December board for approval.

Overview of Health Insurance Claims and Projected Cost (Robinson/ Jurewicz) (HANDOUT)

Mr. Jurewicz passed out the FSCJ Health Insurance Cost Projections handout. The EBAC was reminded that some assumptions are made when these projections are developed. Last year we projected claims would be 12.7 million and actual claims came in at 13.1 million. Last year we had to make assumptions going from one health insurance plan to three plans. 70% of employees opted to stay in the PPO Plus plan; last year we made projections based on the assumption that 75% of employees would elect either the HMO or Core PPO plan and only 25% would elect the Core PlusPPO. If that assumption had been correct we would have seen $400,000 less in plan cost. The College's contribution will be $500,000 greater than expected: 10.6 million instead of 10.1 million. Projections estimate an 8% increase in cost from 2014 to 2015. At this point a general questions and answer session ensured. Highlights from that include:

- The question of if the Core PPO plan can be eliminated was recommended to be deferred to the next EBAC meeting.
- Several years ago we had 70% of our employees in the HMO plan. At that time we were told HMO was going away so we eliminated the plan. That never happened and now the pendulum has swung the other direction and we have 70% of our employees in PPO Plus.
- The benefits specialists noted that they seem to be seeing more employees opting out of College's health insurance policy and taking the FSA contribution instead. These are generally individuals who are insured through the military or on a spouse's plan.
- Spouse's cost are coming in significantly higher than the monthly premium amount that is being contributed. The College is subsidizing this difference.

- It would not be recommended to eliminate the graduated tier pricing for dependents because that would impact lower paid employees.
- Mr. Jurewicz shared that under the direction of the new VP of Business Service, we are looking at the 2015 health insurance cost to join the Florida State College Risk Management Consortium. Although we have looked at the consortium before, we have not got pricing based on our groups specific claims history in the past.

At this point Mr. Robinson passed out the Monthly Financial Report handout and began reviewing the report and fielded questions. Highlights from the presentation included:

- Spouses are costing the plan 1.6-1.7X more than the active employee. The College is subsidizing this difference between the actual cost and the income generated by the employee premium contribution.
- Page 1 shows amounts incurred in 5 months and paid in 7 months. Pharmacy rebates and stop loss recovery are not included.
- Core plus for the 2014 Plan Year will lose $837,000. The other two plans have fewer expenses than revenue.
- The negotiated admin fee is different with the different plans. The HMO has the best negotiated admin fee.
- More children are in the Core PPO plan. Children over the age of 1 are relatively inexpensive in terms of health care cost.
- HMO is currently a mostly a healthy population; if unhealthy individuals move to HMO they will still be unhealthy yet will be able to access deeper discounted rates for medical care and hospitalization .
- The HMO option premium for the family is still expensive. There currently is not a significant financial incentive in terms of reduced premiums for families to select the HMO over the Core Plus PPO.

Update on Open Enrollment (Robbins)

Open Enrollments dates have been set for October 20th-October 31st. The benefits team will be on each campus and center this year, including the Nassau Center and Cecil Center. Biometric Screening Events and Flu Shot Clinics will take place in conjunction with open enrollment meetings this year. Flu shots will be available at no out of pocket cost for individuals covered under one of the College's health insurance policy. Individuals with other insurance will be able to present their insurance card and upon verification of coverage, will also be eligible to receive the flu shot. Individuals without health insurance coverage were allowed to pay cash for the shot last year and those details are still being confirmed for this year.

Update on Pilot Implementation of Hartford Short Term Disability (Robbins)

Last November the EBAC empowered purchasing and benefits to continue negotiations with The Hartford for short-term disability (STD) insurance. Through the discussions there has been a lot of information uncovered that makes implementation more difficult than previously anticipated:

- If an employee is approved for STD they would not be allowed to also use sick leave. The College does not have the administrative resources to verify sick leave usage in this manner.
- To implement STD, the College must have at least 25% participation

Since the goal of adding STD is to bridge the gap to long-term disability (LTD), the College tasked the Hartford to give a proposal for a 90 day LTD buy-up that could be offered to employees. The cost for the 90 day LTD buy-up was significantly less expensive than the cost for STD. Additional conversation ensued:

- The sick leave pool generally has 3-5 request per year.
- There was only one LTD claim this past year.
- Some members expressed since utilization with sick leave pool and LTD are so minimal it would not be a wise use of the College's resources to pursue STD or LTD buy-up at this time.
- Other members expressed it was important to have a bridge to help employees get to the 6 month mark at which time they can begin receiving the long-term disability benefits currently in place.
- Some members expressed they did not feel they had enough information about the LTD buy-up to make a decision for or against it.

Motion: To task benefits and purchasing to continue researching and analyzing the 90-day LTD buy-up benefit option. (Moved by Ebener; Seconded by Whitten) Motion passed with a vote of 4-3, with the Chair being the tie-breaker. (For: Whitten, Giarrusso, Ebener, Lewis; Against: Potts, Miller, Horner)

Dental Insurance Maximums and Dental Implants (Whitten/ Robinson**)**

Mr. Whitten expressed his concern with the PPO Dental maximum benefit being $1,500. Mr. Whitten stated that years could go by when no dental work was required, but when one procedure is needed it could cost several thousand dollars.

Motion: To task benefits and/or purchasing to research what benefit maximums are with other plans and to determine what it would cost to increase the maximums for the Dental PPO plan. This motion passed unanimously. (Moved by Whitten, Seconded by Ebener)

Next, Mr. Whitten wanted to bring to the attention of EBAC the benefits of electing dental implants over bridges. Mr. Whitten stated that bridges damage the integrity of the remaining teeth and jaw structure.

After discussion, EBAC tasked the resources to look into adding implants to the list of covered procedures and determine the long term cost to the College.

Open Discussion

It was asked if the administration has been approached about domestic partnerships as it relates to benefits. It was stated that the administration will be exploring options related to domestic partnerships and benefits and may be creating a team that represents all employee groups to assist with this assessment. EBAC members can report back to their groups that this topic is being explored.

Mr. Jurewicz stated that wellness is an important initiative and Judy Robbins, Mia Jeckel, and John Robinson need to be commended for creating programs like the Diabetes programs. This needs to be the focus and EBAC needs to support these initiatives because having a healthier population is going to be what controls health care cost.

Adjournment (Lewis)

With there being no further items, Mr. Lewis adjourned the meeting at 3:15PM.