

# ***Employee Benefits 2016***

***Presented by***

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**And**

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# ***Overview of Today's Presentation***

- **Wellness Program**
  - **Statistics**
  - **Health Risk Priorities for Vilas County**
  - **Potential Projected Health Costs**
- **Health Insurance**
  - **IRS Requirements**
  - **Plan Changes**
  - **TelaDoc**
  - **Focus Health – Consumerism**
- **Serve You Prescription Benefit Plan**
- **Health Savings Account Update**
- **Employee Assistance Services**

# ***PopSpring Wellness Update***



# **Why Wellness?**

## **Why in the Workplace?**

- **Cost of healthcare continues to rise. The County pays the first \$150,000 of medical expenses for each person, each year**
- **Wellness provides the ability predict and prevent illnesses before they occur to curb health care and health insurance costs.**
- **Wellness also focuses on disease management for members with on-going chronic illnesses.**
- **The County is committed to developing a culture of wellness you and your family!**
- **A healthier YOU is a win, win for everyone!**

# Membership & Participation Overview

- Employee and spouse participation increased by 9% from 2014 to 2015!

Membership Category	# of members	% of population
Employees	153	60%
Spouses	100	40%
<b>Total Membership:</b>	<b>253</b>	<b>100%</b>

Membership Category	# Complete	% Complete
# of Employees HRA, Biometrics & Coaching	142	93%
# of Spouses HRA, Biometrics & Coaching	97	97%
<b>Total Participation:</b>	<b>239</b>	<b>94%</b>

\*Data contemplates participation and membership as of 07/01/2015

# Executive Summary

## 2015 Program Results

### Membership Summary

**94% of employees and spouses were engaged in the wellness program in 2015.**

(Engaged = completed HRA, biometrics and one coaching session)

### Financial Results

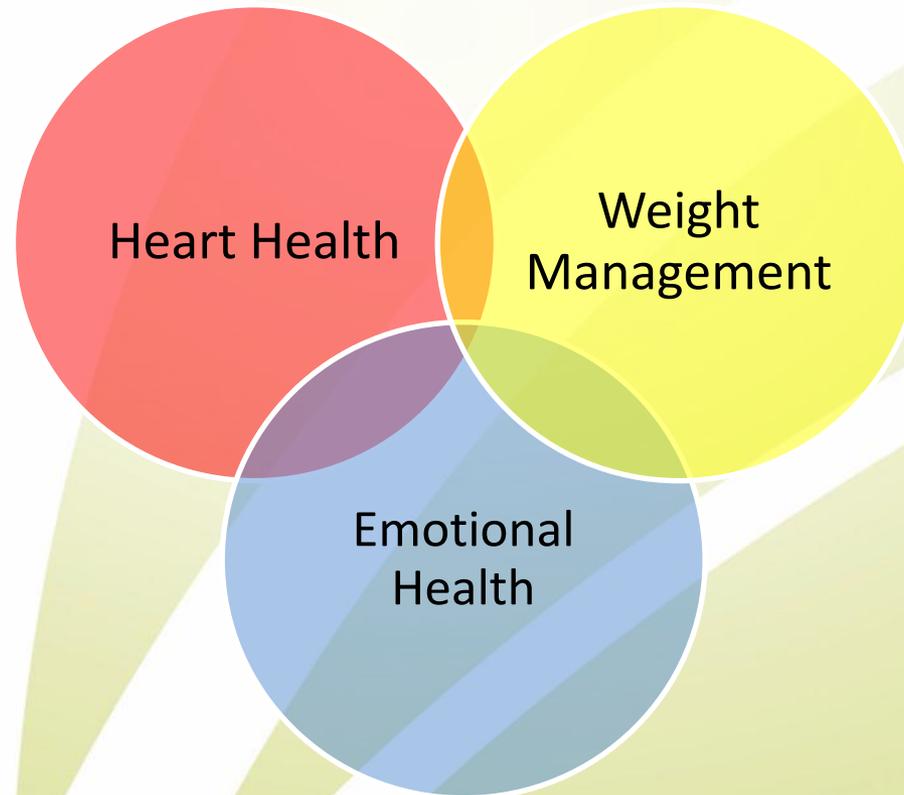
**21% of members responsible for 76% of the total medical costs**

### Clinical Results

**Obesity & Heart Health identified as top health risks in 2015.**

# Top Health Priorities

Health conditions affecting a large subsection of the population, at rates higher than the national average are ideally suited for group-wide attention, and are low-hanging fruit to achieve the highest return on investment. These conditions were identified after review of Risk Profile Reporting which includes claims, lab and HRA data.



# Health Risks Identified through HRA and Lab Screenings

## Clinical Risk

(Biometric Screening)

The markers for higher than recommended BMI and waist circumference are evident in a significant percentage of the participating population; 75% of the participants fall into the overweight or obese category (p. 10 Comp)

31% of the screenings participants had evidence of abnormal fasting blood sugar results (p. 13 Comp)

60% of the participants were screened as having High Blood Pressure or Pre-hypertension (p. 5 Comp)

43% of the participants were screened as having High Total Cholesterol (p. 7 Comp)

## Lifestyle Risk

(Health Risk Assessment)

27% of the participants reported high stress levels (p. 18 Comp)

35% of the participants reported that get less than 7 hours of sleep per night (p. 27 Comp)

13% of the participants reported a Fair or Poor Quality of Life (Perception of own physical and mental health) (p. 22 Comp)

19% of the participants report no significant physical activity (p. 17 Comp)

# Risk Profile & Potential Cost Analysis

## Financial Model

Summary		High Risk	Medium Risk	Low Risk
Total Employee Lives	153			
Total Members in Employer Group	422			
Total Members in Risk Groups	422	11	76	335
Average # of Conditions per Member Identified by Rx	1.8	8.6	3.8	1.2
Average # of Conditions per Member Identified by Medical	4.0	12.0	6.7	3.2
Percentage of Members In Specific Risk Groups		2.6%	18.0%	79.4%
Percentage of Members at High & Medium Risk	20.6%			
Average Age	33.7	48.7	45.6	30.5
Male	204	6	31	167
Female	218	5	45	168
Employee	153	4	35	114
Spouse	100	5	26	69
Child	169	2	15	152
<b>Healthcare Costs</b>				
Total Healthcare Costs Reported	\$1,851,181	\$756,318	\$651,528	\$443,335
<b>Johns Hopkins ACG Financial Model</b>				
Predicted Costs	\$1,980,764	\$809,260	\$697,135	\$474,369
Predicted Costs Per Member	\$4,694	\$73,569	\$9,173	\$1,416
<b>Total PBM Costs</b>				
Total PBM Costs Reported	\$139,786	\$58,711	\$56,625	\$24,451
Average PBM Costs Per Member	\$331			
Average PBM Costs Per Member per Risk Group		\$5,337	\$745	\$73
Predicted Probability of High Cost PBM Claims		53.2%	15.2%	0.7%

# 2016 Wellness Plan Highlights

- Insurance incentive continues!
- Onsite Biometrics by Aspirus Lab Techs
- Health Risk Assessment (HRA)
- On Site Coaching
- Ongoing programming throughout the year



# Your Health Insurance

**Rx**

# *The Individual Mandate*



- All individuals are required to have health insurance on January 1, 2014.
- In 2015 – The penalty is \$325 per adult or 2 percent of taxable household income , and.....
- In 2016 - \$695 or 2.5 percent of taxable household income.

# So – What's New?

- In January of 2016, you will be receiving a new IRS form called a 1095.
- This form must be filed with your Federal tax return. It will show that you have had coverage for some or all of the months of 2015 and also that your plan meets the requirements set forth by the IRS.



# Auxiant™

*Your Integrated Benefits Partner*

- **What is a Self Funded Plan?**
- **Who is Auxiant? - NOT an insurance company**
- **Auxiant is an administrator that adjusts and pays all claims, issues contracts and ID cards and provides all services of an insurance company.**



# Cost of Health Care is On the Rise!

- \$3.5 Trillion/year – Medical Cost trend – 5%
- HealthCare Reform Fees – 4-1/2%
- National Average Cost of “Family Coverage” - \$17,000/year for Insurance Coverage Provided by Employers – Employees pay and average of \$300/month
- Rx is biggest cost driver – some over \$100,000 per year. (i.e Harvoni - \$35,000/month)
- Expect questions from Insurance Carrier; Prior Authorizations for Specialty Drugs



# Be A Good Consumer!

- **Insurance**
  - Select The Right Plan!
  - Know How It Works!
  - Understand You Have a Provider Network
  - Pre-Certification is Required for Hospital Stays
- **Medical**
  - Be Involved With The Process
  - Engage in Q & A with Providers
  - Know and Understand Your Condition & Treatment Options
  - Utilize Generic Rx
  - Utilize Your 100% Preventive Care Benefit
  - Use Proper Disease Management,
- **Financial**
  - Check Your EOB's & Bills
  - Know How to Use and Manage Your H.S.A. Dollars
  - Know What Your Financial Responsibility Is



# ***NCHA Provider Network***

- NCHA is the North Central Health Association
- It is a membership of organizations whose health insurance plans are self-funded
- They work on behalf of the employers to negotiate discounted rates from providers – Look at your EOB
- The Network includes all providers: Marshfield Clinic, Ministry Clinics and Hospitals, Aspirus Clinics and Hospitals; UW Clinic and Hospital System, Froederdt Hospital, Children's Hospital, Mayo Clinic/Hospital, Fairview System



# ***NCHA Provider Network***

- Eye Clinic of WI, Shopko, Redman, Massignan; Draeger Chiropractic in Eagle River
- When travelling or attending school, contact Auxiant for providers in area through PHX wrap network.

**It is YOUR responsibility to make certain your provider is in network**



(Serve you.)

CUSTOM  $\mathcal{R}$ x MANAGEMENT

Your Pharmacy Benefit  
Manager

We're here to Serve You!



# Serve You

## Prescription Drug Benefit Manager

- Manages ALL Prescription Services
- Provides you with the best price possible
- Very broad network of participating pharmacies
- Specialty Drugs will be handled by Serve-You
- **Maintenance Drugs – Mandatory Mail Order**



# Serve You DirectRx Mail Order Pharmacy (Serve you.)

Effective **1/1/16** maintenance medications will be filled at Serve You's exclusive mail order pharmacy.

*Using Serve You DirectRx Pharmacy you will enjoy:*

- **Easy ordering** of first fills and refills by mail, phone or online
- **Free** home delivery
- **Secure, confidential** packaging options, including discreet, tamper-evident and weather resistant
- **Pharmacist consultation** available 24/7
- **2-day turnaround** on orders not requiring exception processing or intervention
- Order tracking and shipping confirmation sent via **email**



# It's **Easy** for **Members** to get started!



Members can **call Serve You** and give their current pharmacy's phone number and the prescription number.



Members can **call their doctors** and request an electronic prescription is sent or faxed to *DirectRx Mail*.

**It's that easy!**

## Specialty medications are filled at Serve You Direct Rx Specialty Pharmacy

*With every order you place through Serve You DirectRx Specialty Pharmacy you will enjoy:*

- **Free Standard Delivery.** Orders can be shipped to your home or your doctor's office
- **Safe, Confidential Service.** All orders are shipped in discreet, tamper-evident, weather-resistant packaging.
- **Patient Care Coordinator** to assist members for ongoing support including scheduling deliveries and help track and order supplies
- **Easy ordering** of refills online, by phone, with the Patient Care Coordinator or through the mail

## Member Portal



**Online Member Portal empowers members to maximize their benefits**

- 24-hour online EZRefillRx option
- Medication history
- In-plan, out-of-plan and 24-hour pharmacy locator
- Drug search database
- Quality and safety info on prescription alternatives
- Health contacts
- My medications

**[serve-you-rx.com](http://serve-you-rx.com)**



Talk to a  anytime

The text 'Talk to a' is in purple, followed by a purple icon of a person with a stethoscope around their neck. The word 'anytime' is in a light blue color.

Online [MyDrConsult.com](http://MyDrConsult.com) | Phone 1-800-DOC-CONSULT (362-2667)



- **Teladoc® can help!**
  - **Teladoc provides access to licensed physicians by phone, video and mobile app. Now you can get medical advice and treatment any time – 24 hours a day, 7 days a week.**
  - **When should I use Teladoc?**
    - **For non-emergent medical issues, questions or concerns**
    - **If your primary care physician is not available or accessible**
    - **After normal business hours or on nights, weekends and holidays**
    - **If you're traveling and need medical advice**
    - **To request a prescription or refill\* - not a guarantee**





- The physicians

**Experienced**      **Average 15 years of experience**

**Qualified**      **Licensed, credentialed and based in the U.S.**

**Quality care**      **Over 90% satisfaction rate**

**Compassionate**      **Professional and knowledgeable**

**Quality assurance**      **Consultations are reviewed to assure quality care standards**





- Most commonly treated conditions
  - Cold/flu
  - Sinus infections
  - Upper respiratory infections
  - Allergies
  - Headaches
  - Urinary Tract Infections
  - Bronchitis
  - Stomach ache/diarrhea
  - Eye infections
  - Ear infections
  - Rash/skin irritations
  - Yeast infection

# What is the Best Part of



- It is convenient!
- It is easy!
- It is no cost to you!

**New for 2016**



**ASPIRUS™**

Passion for excellence.  
Compassion for people.

**Employee Assistance Services**

# What is Employee Assistance Services?

- A free and confidential resource for employees and family members for finding solutions to work and life issues.
- A valuable service offered to support the health and well-being of you and your family
- Short-term, one-on-one, counseling to help you (and family members) focus on solutions to personal and work-related concerns
- Unlimited 24/7 Confidential Helpline
- On-line education and information resource via the Aspirus EAS website [www.aspirus.org/EAS](http://www.aspirus.org/EAS)
- Your participation in Aspirus EAS is voluntary and strictly confidential



# Solution focused resource for:

## Work

- Work and Family Balance
- Stress Management
- Workplace Issues
- Financial Stress

## Home

- Marital and Family Matters
- Children and Adolescents
- Community Resource Guidance
- Alcohol, Drug Abuse and Other Addictions

## Well-being

- Health and Wellness Support
- Grief and Loss
- Depression and Anxiety

# Available January 1, 2016

You will receive additional information mailed to your home and through your work place regarding:

- Employee Assistance Services toll free number
- What to expect when contacting Employee Assistance Services
- Where to find additional resources
- Eligibility for receiving services

# FocusHealth

*Transparency*

# How does health care work today?

- ✓ Members choose a hospital but without relevant information about their options.
- ✓ Members don't have price or quality information on the medical services they buy.
- ✓ Providers are reimbursed per service, meaning the more services provided – the more they get paid.
- ✓ We spend more time researching price and quality of our next TV purchase than we do choosing a healthcare provider for ourselves or a loved one.



## What is it?

- ✓ FocusHealth Transparency is a system designed to provide access to cost and quality information.
- ✓ FocusHealth Transparency is designed to assist members in making informed decisions about their healthcare.
- ✓ FocusHealth Transparency promotes use of the higher quality and lower cost providers.

# FocusHealth Transparency on Auxiant.com

Auxiant provides detailed cost and quality scores for each hospital on our website.

Visit our website at [www.auxiant.com](http://www.auxiant.com)

- ✓ Sign in on the website
- ✓ Click on AuxiantHealth
- ✓ Click on the FocusHealth Transparency icon

# ***What Hospitals?***



- ***In Our NCHA Network.....***
- ***Wausau Aspirus – Wausau***
- ***Langlade Memorial – Antigo***
- ***St. Clare’s – Weston***
- ***Methodist/Mayo – Rochester***
- ***UW Hospitals - Madison***

***Eagle River, Rhinelander, Woodruff, Marshfield –  
ARE NOT Preferred Plus Hospitals (But you can still  
go there!!)***

# ***There are rewards for being a good health care consumer***

- **If you choose to go to a Preferred Hospital in the NCHA Network .....**
  - **Outpatient Procedure – a \$500 Visa Gift Card!**
  - **In-Patient Procedure – a \$1,000 Visa Gift Card**
- ***Rewards Only. No Penalties!***

# ***H.S.A. Plans for 2016***

## ***H.S.A. Plan 1***

- \$2,000 deductible/single  
\$4,000 deductible/family
- 100% pay of eligible medical expenses after deductible is met
- All expense goes first toward deductible
- No Additional co-pay or charges

## ***H.S.A. Plan 2***

- \$4,000 deductible/single  
\$8,000 deductible/family
- 100% pay of eligible medical expenses after deductible is met
- Works just like Plan 1
- Best option if you have saved some of your HSA money from prior years

# *H.S.A. Plan 2*

## *\$4,000 Deductible Plan Only*

- This plan has what is called an “embedded” deductible
- In a family situation, if ONE person reaches the single \$4,000 deductible – then that ONE person’s deductible is satisfied for the rest of the year and remaining eligible expenses will be paid at 100%
- The REST of the family must satisfy the remaining \$4,000 – to a total of \$8,000.

# ***Choose Your HSA Plan***

## **If you choose Plan 1**

- You will receive a contribution to your H.S.A. account
- \$1,000 = single coverage
- \$2,000 = family coverage

## **If you choose Plan 2**

- You will receive a contribution to your H.S.A. account
- \$1,500 = single coverage
- \$3,000 = family coverage



# Preventative Care -100% Paid In Network

## PLEASE NOTE!

- No difference between plans
- Preventive care is paid at 100% - no deductible – no out- of -pocket – In Network Only
- Subject to new coding procedures
- Have the conversation with your Doctor!
  - Immunizations, Routine physicals, Basic gynecological care, Routine cancer exams, Lab and X-ray charges for preventive care, routine colonoscopy at specified intervals; Specific Women's Health Benefits; Many Preventive Care Drugs

# [www.Auxiant.com](http://www.Auxiant.com)

*An interactive website provided for Plan Participants twenty four hours a day seven days a week to:*

- ❖ Check and review claims – **Advice – DO NOT pay any bills from Providers Until You have Received an E.O.B. from Auxiant!**
- ❖ Review Deductible and Maximum Out of Pocket Totals
- ❖ Review eligibility
- ❖ Search network provider directory for NCHA
- ❖ Access to Serve-You – Pharmacy Benefit Manager



# More Things to Know



- You must pay the expenses that are going toward your deductible. Your deductible expense is accumulated on a calendar year basis – (1/1 - 12/31)
- **The BEST WAY to pay these expenses is by using a Health Savings Account – (HSA)**



# Utilize Your HSA



- In 2015, you can deposit \$3,350 (s) and \$6,650 (f)
- In 2016, you can deposit \$3,350 (s) and \$6,750 (f)
- If you are age 55-64, you can deposit an additional “catch-up” amount of \$1000 in 2015 & in 2016
- **Penalty for withdrawals for non-qualified expense is 20% additional tax.**
- No limit on how much you can accumulate. Money accumulates tax free.
- If you become covered by Medicare or a non-qualified insurance plan, you can no longer make deposits

# Why Put My Own Money Into Account?



You may need money to pay for things your health insurance doesn't cover

- Dental & Vision
- Expenses insurance doesn't cover, etc.
- You can do this through payroll deduction or after tax deposits.

*You may want to tax shelter money currently in a savings account and save it for future expenses. Remember – You can't lose your money!*



# Dental Insurance Anthem Dental

Individual annual maximum **\$1,500**

**(Per person – per calendar year)**

Preventive/Diagnostic Services **100%**

**\* No Deductible for these services**

**Deductible - \$50/person; Max of \$150 per family**

Basic Services (Ded Applies) **80%**

(Fillings, Pain Relief)

Bridges and Dentures (Ded Applies) **50%**

(Includes Crowns, Root Canal, Oral Surgery)

Orthodontia **50%**

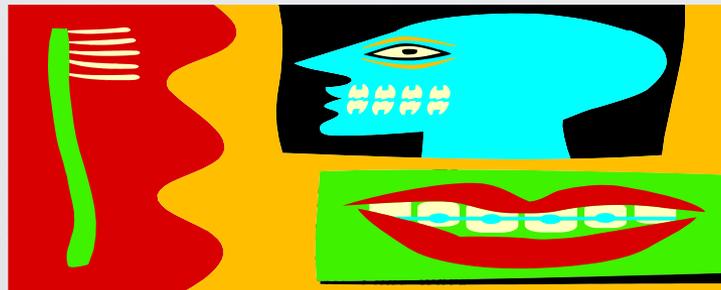
(\$1,000 lifetime max; to age 19)

**Dependents covered to age 26 – regardless of Student status**



# Dental Insurance **Anthem Dental**

- You may see any dental provider
- **Costs will be lower if you see an Anthem Blue Cross contracted provider**
- **This is an OPEN ENROLLMENT PERIOD.**
- **NO WAITING PERIODS FOR ANY SERVICES IF YOU ENROLL NOW**



# Health Insurance Funding – 2016

## Per Pay Check

### H.S.A. Plan 1

#### 2000/4000 HSA

Single

\$ 15.31

Family

\$ 74.50

### H.S.A. Plan 2

#### 4000/8000 HSA

Single

\$13.71

Family

\$66.99

***NOTE – \$25 or \$50 Penalty for  
Non-Compliance With Wellness Plan  
Applies to all Health Plans***



# Dental Rates

Single -	\$ 18.36
EE + Spouse -	\$ 37.10
EE + Child(ren)	\$ 44.36
Family	\$ 65.62



# 2016 - Spousal Surcharge



- Applies if your spouse has coverage available at his/her work – and declines that coverage in favor of the County's Plan
- Declaration affidavit is required to be completed by all employees – included with enrollment form
- Surcharge will be \$100/month added to the cost of family coverage

# What Do I Have to Do?

- All employees must complete an enrollment form – Even if you choose to WAIVE coverage
- All employees that have a family plan, with a spouse on the plan, must complete the Spousal Affidavit
- Both forms must be completed and returned to Human Resources by November 15, 2015.
- **If your election form and enrollment forms are not turned in, you will not have coverage.**



# Who Can Help Me?



- Debbie or Kris in HR
- Advise You of Insurance Cost Information
- Application for coverage
- **General** Benefit Questions – NOT Claim Questions.
- Will provide referral to Ansay and Associates or the Insurance Carriers

# *Changes During the Year*

- Federal rules apply when adding dependents or applying for coverage if you originally waived coverage at time of hire.
- Must notify Human Resources within 30 days of family status change event.
- Spouse/family may come on to your coverage immediately if they lose insurance coverage.



***Questions?***

