



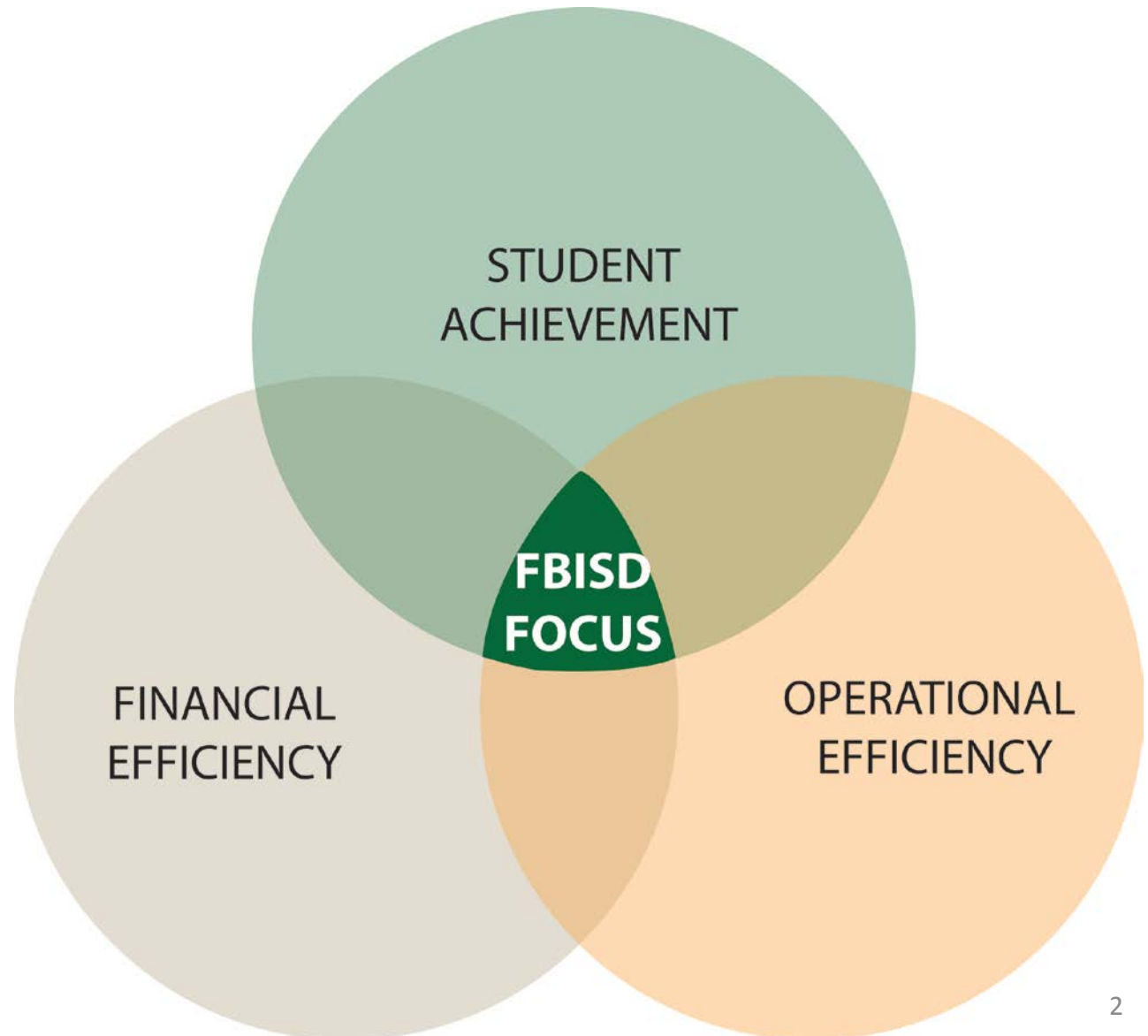
# 2014-2015 Benefits Committee

## March 24<sup>th</sup>, 2015



INSPIRE • EQUIP • IMAGINE

## Our Focus



## Our Goal Benefits Committee

Goals will be to help assure current insurance benefits are appropriately structured and financed to support institutional needs, including recruiting and retaining faculty and staff.

**And... to control claims and not have employee premium increase for 2016-17!!!**

## January-February 2015 Health Plan Performance

<b>FBISD Contributions</b>	\$6,670,631
<b>Employee Contributions</b>	\$3,668,029
<b>Total Revenue for Health Plan</b>	\$10,338,660

### Plan Expenses

#### Fixed Cost

Administration Fees	\$1,076,712
Stop Loss - \$450,000	\$290,629
Affordable Care Act Fees	\$75,834

<b>Total Fixed Cost</b>	\$1,443,175
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<b>YTD Claims</b>	\$7,486,149
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<b>Total Expenses</b>	\$8,929,324
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<b>YTD Surplus</b>	\$1,409,336
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## January-December 2014 Health Plan Performance

<b>FBISD Contributions</b>	\$37,517,850
<b>Employee Contributions</b>	\$21,591,226
<b>Total Revenue for Health Plan</b>	\$59,109,076

### Plan Expenses

#### Fixed Cost

Administration Fees	\$2,669,794
Stop Loss - \$450,000	\$994,441
Affordable Care Act Fees	\$670,652

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Total Fixed Cost	\$4,334,887
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<b>YTD Claims</b>	\$44,998,278
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<b>Total Expenses</b>	\$49,333,165
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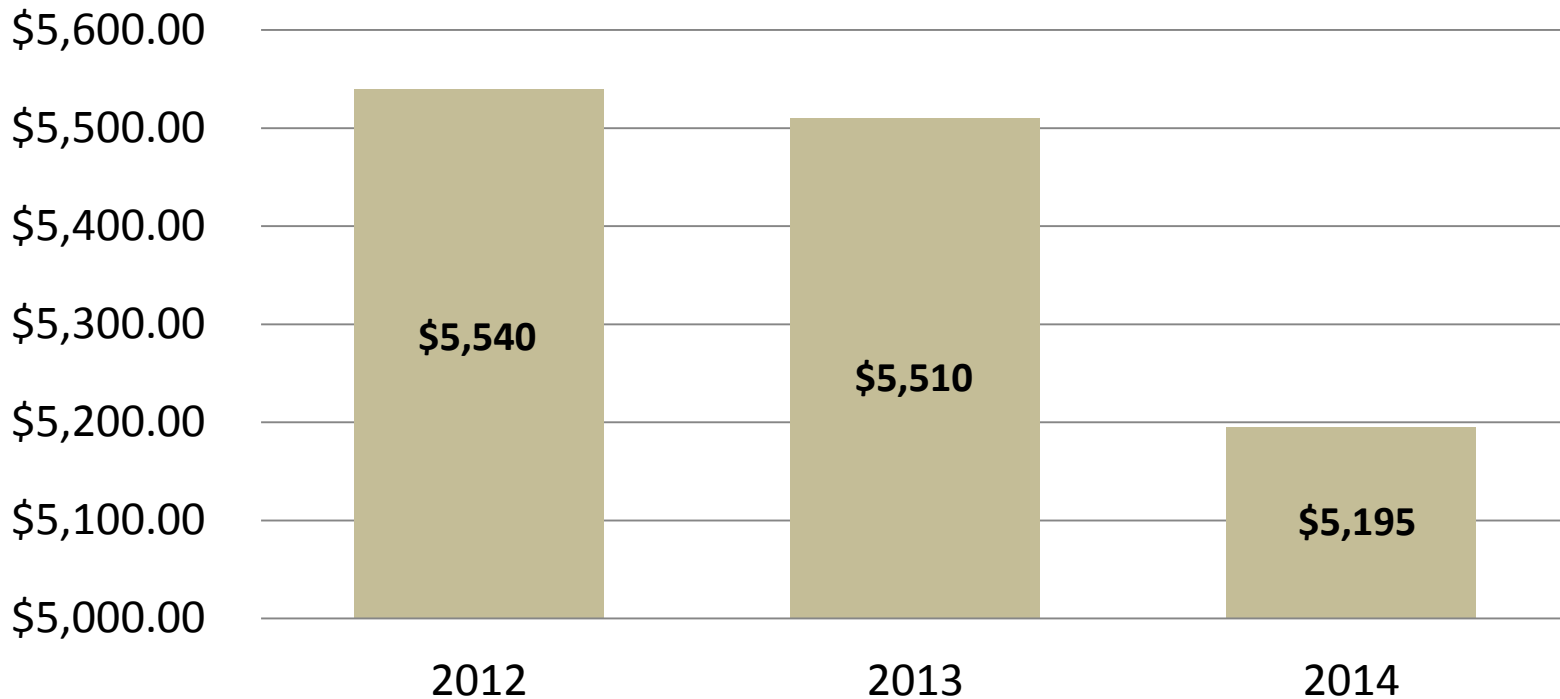
<b>YTD Surplus</b>	<b>\$9,775,911</b>
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## 2014 FBISD Population Demographics in Medical Plan

		% of population	% of claims
<b>Number of Employees</b>	5,915	57%	66%
<b>Number of Spouses</b>	1,085	10%	14%
<b>Number of Children</b>	3,485	33%	20%
<b>TOTAL MEMBERS</b>	10,485		
<b>Average Employee Age</b>	44		

## FBISD Cost to Provide Health Benefits

### Per Employee Cost



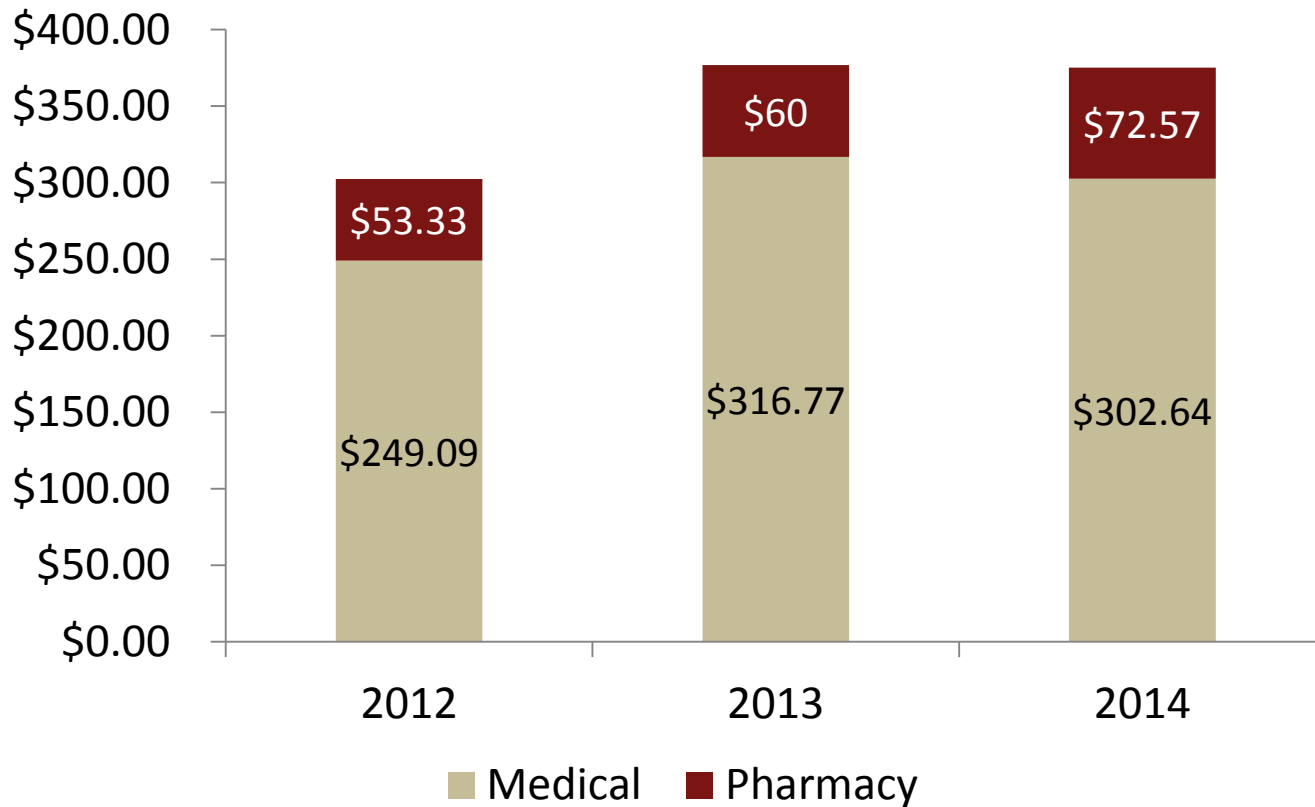
**Annual Cost:**

**\$32,065,689**

**\$31,444,810**

**\$30,725,842**

## Medical and Rx Claims Cost Per Member Per Month Cost



- Medical increased 7.7% from 2012 to 2013 and decreased -4.5% from 2013 to 2014
- Pharmacy increased 12.5% from 2012 to 2013 and 21% from 2013 to 2014



## 2014 Top 15 High Claimants

**Range** \$243,111 to \$1,343,752

**TOTAL SPEND** \$6,855,367

*Cost Per Employee per month* \$97

	<u>2012</u>	<u>2013</u>	<u>2014</u>
<b>Claims Over \$100,000</b>	42	55	54

## 2014 Top 5 Conditions

1. Musculoskeletal	\$4,931,902
2. Cancer	\$4,218,775
3. Injuries and Poisoning	\$3,265,892
4. Circulatory	\$3,066,932
5. Digestive	\$2,977,828

## 2014 Rx Facts

<b># of Scripts Dispensed</b>	<b>129,297</b>	
Generic	105,480	81.60%
Brand	23,817	18.40%
<b>Total Rx Spend</b>	<b>\$11,227,158</b>	
FBISD	\$8,701,857	77%
Employees	\$2,525,301	23%

## Fort Bend ISD Pharmacy Utilization: January – February 2015

Number of Claimants	4,616
Number of Prescriptions	14,744
Prescriptions per Claimant	3.19
<b>Total Net Paid by FBISD</b>	<b>\$853,523.61</b>
Average Coinsurance/Copays per Prescription	\$19.71

**UHC/MHBT assisted 37 Fort Bend ISD employees with 25 unique prescriptions in January and February 2015.**

## UHC Experience Committee Meeting Comments:

<u>Positives:</u>	<u>Rating:</u>	<u>Negatives:</u>	<u>Rating:</u>
• Smooth transition	8	• Increased Rx prices	7
• Representatives very helpful	4	• Expand open enrollment period	6
• Change to UHC was positive move	2	• Lack of communication	2
• Committee worked	2	• Some drugs not covered	2
• User friendly on-line access	2	• FSA issues	2
• Minimal complaints	2		
• Easy to understand	2		
• EAP & Teladoc	2		

## Feedback from UHC Experience – after 3 months

- 1) What concerns do we have?
- 2) Additional RX issues?
- 3) Other?

**At your table, list out answers for each question.  
Hand in as you leave. (5 minutes)**

## Biometric Screening and Health Assessment

### 1. Current employees:

#### **2015 Tasks for 2016 Plan Year**

- Have physician form or lab voucher completed between 4/1/15 and 10/30/15, **or**
- Participate in on-site campus screenings in May and June of 2015 or on-site feeder pattern screenings in August of 2015; **and**
- Take online Health Assessment between 4/1/15 and 10/30/15 using your screening results

#### **2016 Tasks for 2017 Plan Year**

- Take online Health Assessment between 4/1/16 and 10/30/16

#### **2017 Tasks for 2018 Plan Year**

- Same as list for 2015

## Biometric Screening and Health Assessment

### 2. New employees hired after August 2015

#### **Within 60 days of insurance enrollment:**

- Have physician form or lab voucher completed, **or**
- Participate in future on-site screenings if within 60 days of insurance enrollment; **and**
- Take online Health Assessment using you screening results

**Compliance required for employees to not pay \$20 charge per employee and/or spouse per paycheck in 2016 and thereafter.....**





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[Check My Status](#)

Welcome

Onsite Program

Lab Program

Health Provider Screening Form

## Welcome To Fort Bend Independent School District Program Registration Service

### WHAT IS A BIOMETRIC SCREENING?

Biometric screening information may prevent or delay chronic conditions and complications such as hypertension, heart disease and diabetes. A screening includes a blood pressure check, body fat analysis and a lipid profile, which is a group of tests to determine the risk of coronary heart disease.

### HOW DO I SIGN UP?

Browse the tabs on this page to learn more about the screening programs offered, then use the Sign Up button to register for the program you want.

### HOW DO I UPLOAD A FORM?

From this page, click "Check My Status," and then click on "Upload my completed form" and follow the instructions. The DocUpload feature on the registration Web site supports PDF, JPG, PNG, GIF and TIF formats. The maximum file size is 5MB.

**Please note: Programs are only for employees and spouses on UHC Fort Bend ISD's medical plan.**

### [Onsite Program](#)



Participate in a program at one of your organization's locations.

### [Lab Program](#)



Go to a lab facility near you and have them draw your blood for testing.

### [Health Provider Screening Form](#)



Download a form that your health provider can complete with your recent test results.

[Read our FAQs here](#)

This is a screenshot of where you will register and select your method of receiving your screening.



[Logout](#)

[Check My Status](#)

Welcome

Onsite Program

Lab Program

Health Provider Screening Form

## Lab Program

Choose this option to have your screening take place at a LabCorp lab. Services included with your lab screening are: **(1)** blood analysis, and **(2)** measurement of height, weight, blood pressure, and waist circumference.

### REGISTRATION STEPS

1. Select a lab location for your screening
2. Provide personal information and program consent
3. Download and print lab order to take with you to your screening

If you are unable to identify a convenient lab from the lab search process, you will need to select one of the alternative screening options listed at the top of this page.

Please note: The LabCorp program is only for employees and spouses on UHC Fort Bend ISD's medical plan.

Choose a program below to learn more:

Fort Bend ISD - Individual Program



Program enabled from 02/18/2015 to 12/31/2015

Your lab order will expire 31 days after the date of your registration. You will receive your screening results by US Mail within three weeks of your screening date.

**\*Please ensure that if you are choosing this option you are not too close to the posted deadline to have your screening and health risk assessment complete.**

The timing requirements associated with completing this will vary based on several factors outlined in the Frequently Asked Questions (FAQ) document. Please insure you have read and understand these based on your own personal situation.

Here is a preview of what to expect when participating:

- \* Remember to bring the downloaded lab order and a photo ID.
- \* You will not need to make an appointment, simply show up during their posted business hours.
- \* Please remember to fast for your appointment - this is a venipuncture blood draw.
- \* Please present your paperwork and photo ID upon arrival at the LabCorp location.
- \* Your results will be mailed to you within 14 business days after your blood draw

Continue

You may only sign up for one program method.

After selecting the Lab Program Tab, you'll be directed to the main landing page. Select the program from the drop down and then click continue.



[Logout](#)

Lab Program

Locate a Lab → About You → Review Services → **Provide Consent** → Confirmation

## Consent and Confirm

You must complete the consents below before you may confirm your registration. Then click the "Continue" button at the bottom of this page to confirm the registration.

write your name here

I have read and agree with the [Informed Consent to Perform Policy](#)

By typing my name in here, I indicate my agreement with the [Consent to Perform Policy](#) option that I have chosen at the right

write your name here

I have read and agree with the [Data Release Consent Policy](#) and further hereby agree to use an electronic signature instead of a physical signature

By typing my name in here, I indicate my agreement with the [Data Release Consent Policy](#) option that I have chosen at the right

I do not accept the [Data Release Consent Policy](#) and request that my data may not be released to any party at any time

Cancel

Continue

**Please note: Should you choose NOT to accept the release of data policy, any information about your results, or participation in this screening, will not be used. However, since participation in a screening event is a required activity, you will not be able to receive credit for doing this as your information will be excluded from all reporting and you WILL be subject to the biometric surcharge.**

## **Claim Cost Containment:**

**Current strategies to lower frequency and severity of claims**

- **iNGAGED Communication Pilot**
- **Internal benefits coordinators**
  - **promote wellness**
  - **plan education**
  - **provider utilization**
  - **data analysis**
  - **90% of time out of central office**

## **Top Strategies – Results from last meeting:**

**See handout with topics reported from the January 21<sup>st</sup> meeting.**

**As a table, pick the 10 items that should be pursued.**

**Prioritize these 10, with 1 being the first recommendation.**

## **iNGAGED Pilot Results:**

- **Benefit committee members & executive team were given access to the pilot app**
- **As of today 78 members have accessed the app**
- **Drawing for \$250 gift card**

## Committee member tasks between now and May:

1. Download iNGAGED app – keep notes of pluses and minuses, respond to survey
2. Biometric screenings – be a promoter of the benefits, understand voucher issue
3. UHC implementation – keep notes
4. Claims containment strategies: keep thinking of ways to reduce frequency and severity

**New Committee Goal: control claims and not have employee premium increase for 2016-17!!!**

## Benefits Committee Meetings:

### *Benefits Meetings*

#### *Annex (Main Auditorium)*

October 29, 2014	4:00-6:00
November 19, 2014	4:30-6:00
January 21, 2015	4:30-6:00
<del>February 25, 2015</del>	<del>4:30-6:00</del> Cancelled
March 25, 2015	4:30-6:00
<del>April 22, 2015</del>	<del>4:30-6:00</del> Cancelled
<del>May 27, 2015</del>	4:30-6:00
MAY 28, 2015	