**Benefits Advisory Committee 9 Apr 2009**

Present: Boutwell, Fridge, Thomas, Miller, Richmond, Callen, Petrich, Oglesby, Hungerford, Miller, Siebert, Kirtlink

Not Present: Porter, Johnson, Watts

1. MSC to approve minutes of 19 March.

2. Health Plan Renewals

*Health Care Plan: HCH*

Annual plan liability is set to increase by 11%, based on experience through March 31. (This was previously estimated to be 3%, but additional claims in March changed this.) It’s important to lock this in soon and reduce the risk from additional claims experience this year. Jennifer and Tom have been working towards this for a week now.

Jennifer presented possible scenarios taking into account current plan costs and the projected 2009-10 increase in plan liability. Scenarios predicted trust fund balances at the end of 2009-10 and possible premium changes for 2010-11. It is too soon to rely on these scenarios since we have not completed the 2008-09 plan year. Jennifer will continue to update the committee based on this information.

Plans changes: routine wellness, including mammograms & pap smears are covered at 100% with a co-pay. Colonoscopies are not covered in this way: making them similar would incur $7,000 of plan costs. HCH, Tom, and Jennifer agree that this is a small cost given the potential benefit and the wellness implications. The change will result in a $100 co-pay, waiving the deductible and co-insurance for colonoscopies. **MSC to recommend this change.**

*CatalystRX: Four possible changes*

We asked Catalyst to provide recommendations on four possible plan changes.

1. Currently our maximum fill on a prescription is 90-102 days supply; most plans limit to 90 days. Catalyst recommends we make this change. Forty-two scripts filled by 16 members would be affected out of 400 members.

2. Specialty medications: Catalyst recommends we introduce a fourth tier to the plan to cover these (which are not being used by any member now). Catalyst suggests a max fill of 30 days, with a 10% or $250 co-pay (whichever is lower).

3. Maintenance medications: we considered making it mandatory that these be filled with generics for 90 days. Catalyst recommended not making such a change. Only 600 of 2650 were filled at 90 days, and the generic requirement would cause disruption to a large number of members.
4. Moving generics for the four disease states we target (diabetes, cholesterol, asthma, hypertension) to $0 co-pay. To date, $5,515 to date in cost; Catalyst thought this would be a great change, and eliminate a possible barrier to members filling these prescriptions. For example, there are 47 generic meds for high blood pressure, and there are choices in all four areas. A 90-day option would be available, but would not be required.

**MSC to follow Catalyst’s recommendations in all four areas.** We will also reiterate the availability of 90-day fills, $4 programs, and do a special mailing to our diabetic members: 19 of them are not using the Diabetic Sense program, which covers costs at 100% for those enrolled.

3. *Life and disability renewal*

We will change to CIGNA as of June 1. Same-sex partner benefits will now be available (it was not possible with UNUM, our previous carrier). This includes the $2,000 for spouses and partners carried by the university, as well as supplemental insurance that employees can purchase. There are no changes in the plan structure, and our new carrier will save the university approximately $12,000 annually. This contract is guaranteed for three years. Open enrollment for supplemental life insurance will be available because we are changing carriers. Normally, choosing not to enroll at hiring requires a medical questionnaire; that will not be true now. Costs for supplemental life will also be lower.

4. Tuition Remission — faculty handbook language

Scott reported that the Faculty Affairs Committee has not yet addressed this new language. The materials will be forwarded to them again for action this year.

5. HRAs: April 21/22

Participation will be 31%, up from 28% last year (an increase of 14 employees). Mammograms have increased from 39 to 55, which means nearly all of our female employees who are in the group recommended for mammograms are participating.