Benefits Forum
January 24, 2018

Employer Benefits Roundtable Discussion

1. Discuss your 2018 benefit changes (and open enrollment)
2. How have you promoted the Premium designation program and/or Tier 1 providers?
3. What are your 2018 strategic benefit initiatives?

Rockwell Automation, Paula Swafford

- High deductible HSA plan and HRA plan (has more co-pays and Rockwell funds more upfront than the HSA plan)
  - Basically same plan design/contributions since 2012; wanted to have specific difference in plan value (HRA plan has slightly higher plan value)
  - HSA employer contributions ($200, $400, $600); HRA employer contributions ($500, $1,000, $1,500)
  - HSA plan has 55% participation; HRA plan has 45%; not ready to eliminate HRA plan (more predictability for Rx costs)
  - Rx through CVS Caremark
- No changes in offerings or employee contributions
  - Second year costs have been flat (attributed to Premium designation program)
  - Contributions based on salary (five tiers); adjusted in 2016 to give cost relief for lower tiers
  - Added IBM/Watson Oncology Insight to the Best Doctors offering
- Moved to electronic communications (replacing paper) for easier access (online enrollment guide)
  - Sent out postcard to promote online information
  - Made paper copies available in production facilities
  - Extended time to take action since most people wait until the last minute
  - Allowed a default to current election for re-enrollment
  - Promoted Tier 1 providers – added tiered benefit 1/1/16 (85/15 vs. 80/20)

MillerCoors, Tonya Riley

- Two plans: Savers Plan (HSA) and HRA Plan; goal was to have more people enroll in the Savers Plan (due to financial performance)
  - 79% enrolled in Savers Plan; retirees have option stay in Savers Plan until age 65
  - Uses OptumRx (non-BHCG plan); had a lot of noise around maintenance medications – expanded preventive list (co-insurance applied rather than co-pays)
- Added opposite sex domestic partners for salaried non-union for all benefits and dental and vision coverage for dependents up to age 26 (for salaried)
- Cost of coverage for medical went down 2.5-3% (attributed to more people in Saver plan taking responsibility for their costs)
  - Employer contributions based on salary tier level

  - Added mid-level employee classification (ee + spouse/dp or ee + children)
- Worked with Towers Watson to roll out an open enrollment communications digital format (digimag) for salaried population; very successful (people were not paying attention to paper in years past)
  - Sent to employee emails on file (not posted on a site); union got paper communications
  - Has an active enrollment (except if there are no changes)
  - About 50% utilization of Alex enrollment tool
  - Had mid-year voluntary plan enrollment to capture new hires

Inlanta Mortgage, Amy O'Mara

- Two fully insured plans (not tiered): Traditional high-end plan and a high deductible plan with HSA; have 350 employees with about 200 enrolled in benefits
  - Allow employees to choose their own HSA bank (no match)
- Kept the medical plan structure the same but lowered premium costs for employees in 2018
- Used Rally pilot program for active open enrollment but experienced a lot of problems
  - Life insurance and some other benefits were incorporated into other forms/websites (employees had too many places to go to enroll for benefits); looking to go to a single process
  - Benefit information is online (intranet); paper copies also available

Connecture, Scottie Girouard

- Two high deductible plans (300 employees): Plan A: $2,700/$5400; Plan B: $5,000/$10,000 (switched six or seven years ago from traditional PPO to manage premium increases)
  - Both plans have the same benefits and $0 co-pays (many preventive services covered at no cost to encourage patient responsibility)
  - Has an HSA with employer contribution per pay period (annually $750 ee, $1,500 for all other tiers) to soften risk shift of high deductible; used ensuing years to educate employees (has been a challenge)
  - Allowed employees to choose HSA bank; had snafu, don't know if they'll continue
- Modest increase in price for 2018 (hasn't had bad plan experience over time); looked at different strategies (e.g., pass on, absorb, adjust premium contribution philosophy)
  - Did pass on 4% increase to employee portion of the premium ($2-$11 impact per month) but maintained employer match
- Launched first benefits survey in 2017; made a few adjustments as a result
  - Employees wanted to know about changes earlier; went to earlier notification that included electronic and postcard communication
  - Invited spouse to attend meetings/webinars (resonated well with employees)
  - People were not using Virtual Doc – hit hard on value and costs in communications to employees

- Use electronic communication (high computer use); Created electronic guide and put everything on a new intranet site
  - Detailed communication plan before open enrollment to include all communication deliverables (including reminders/follow-ups)
  - Took a lot of time to educate this year about plan value, prevention, wellness and how to manage costs; don't have a lot of big cost drivers (healthy population)
- Revamping wellness program (use outside vendor but adds complication since it's not integrated)
  - Increased incentives from $120 to over $500; focusing on three pillars (physical, mental/behavioral, financial); opened to non-medical plan employees (HRA, biometrics, activities)
  - Beefed up financial education with lunch and learns; doubling down on EAP education, including legal/financial aspect

BMO, Melissa Dal Vecchio and Dennis Salentine

- Went to full replacement plan in 2018 (previously announced in fall of 2015)
  - Folded up eight HMOs and one DMO into one high deductible plan
  - Some negative feedback – created targeted communications, made calls to educate about savings and how to choose the right plan and quality/cost effective providers
- Had 3% increase in their costs this year; one funding change – went to 75%/25% from 70%/30%
  - $500/$1,000 quarterly HSA match remained the same; $1,750/$3,500 deductible
  - Targeted HSA emails – achieved 80% participation
- Intensive open enrollment communication with webinars (families invited) and all electronic communication
  - Passive enrollment with defaults; changed enrollment system to require everyone to go through each benefit – had positive feedback, easier and more streamlined
  - Reduced enrollment window to two weeks and went out early with information (to accommodate spouses)
  - Use ESI for Rx and promoted pricing medications, prior authorization, step therapy and "start the process now" to determine costs; expanded preventive medication list last year

Briggs & Stratton, Barb Ehlers and Ellen Vebber

- Population (4,200 employees) is split: 47% - HRA, 40% - HSA; locations with onsite clinics have more HRA enrollees because of the lower fee to access the clinic; more people are in HSA in Milwaukee (higher salaries)
  - Costs continue to rise, had to pass along a 7% premium increase, but looking at historical results for each location and trying to move to one rate structure
  - Use DirectPath for patient advocacy; research cost efficient providers (eligible for incentives for going through the procedure; does integrate with Advocate4Me and refer to Premium providers
- Introduced new benefits branding for open enrollment

  - Passive enrollment (HSA/FSA must actively enroll)
  - Did not have meetings (plans are the same), but available for questions (sat in lunchroom, etc.)
  - Sent out postcards a month before (spouses could access information online including video, benefits guides and rate sheets); hourly population got printed information bulk shipped
  - Announced weight loss programs (UHC/WI, Anthem, onsite clinics)
  - Introduced Premium designation program, no tiering, but trying to raise awareness and drive people to providers
- Enhanced wellness program – increased contributions ($800/$400 for spouse); upfront employee contribution
  - 2017 reports on biometric numbers led to increase in rewards
  - If medical coverage is waived, employees still eligible for $400 wellness reward

Baird, Lisa Mrozinski

- Full replacement high deductible plan since 2008 (Gold & Silver) option, more people chose 'Gold' with name change (from Plan A & Plan B); however, goal was for more to choose Silver plan
  - Tiered benefits (10% differential for Tier 1 providers 80/90%)
  - HSA contributions tied to wellness participation
  - Decrease in costs; kept premiums the same but increased HSA contributions from $450/$900 to $500/$1,000 (biometric screening, minimum point level is required to receive HSA and avoid a substantial surcharge (96% participation as a result)
  - Frontloaded HSA for employer and employee contributions (helps people to manage money but more complex to administer)
- No plan design changes but added IBM/Watson Oncology Insight to the Best Doctors offering and employer-sponsored identity theft through InfoArmor (family members can enroll for a small fee)
- Open enrollment included change management focus on newly implemented Workday for open enrollment (online)
  - Changed medical plan decision toolkit that integrated actual claims from Bowers (too complex) to Tango (customer service support available to answer questions)
- Looking for next generation wellness initiatives – working with Dr. Fabius to determine culture of health (218 point assessment; what do you do and how, and how do you measure it?); just getting results now

Kohl's Department Stores, Kelly Neubauer and Todd Soley

- Three plans (basic, CDHP, EPO); 60% are in CDHP
  - Currently tiers benefits for cardiology and orthopedics
  - Considering all tiered benefits in the future – focusing on education first
- Few changes to plan
  - Premiums did increase (total costs went up 4.5%) – realigned contribution methods

  - Changed accumulator for in- and out-of-network deductibles – does not cross apply (separate for in and out-of network); have not heard a lot of noise
- Open enrollment communication sent home (paper) and electronic guide (use Alight for communication)
  - Electronic guide is segmented and targeted for eligibility (tile-driven by benefit for easier access); posted on HR site (spouses can access without login)
  - Intranet/HR portal all connected to one login (emails integrated)
  - Active enrollment – must make a choice or no benefits (will continue); some voluntary benefits do roll over
- Some changes to wellness program; biometric top scoring employees only need to complete every other year; Healthy Rewards total points trigger premium credit

ManpowerGroup, Vincent Dekker

- Two high deductible plans for each group – staff, consultants and associates (Prime Plan/Value Plan)
  - HSA incentives for staff enrolled in medical plan: ($300/$500/$800)
- No plan changes except for increased deductible for higher level plan to meet HDHP requirements
  - No premium change for staff (softer approach because of layoffs); Consultants and Associates play costs for health plan coverage
  - Lots of change (tactical administrative focus) – moved to Alight for two populations and Boon group for Associates (variable population); two open enrollments (staff/consultants in mid-October/associates – in mid-November)
  - Switched COBRA vendors to WageWorks; some communication challenges
  - Voluntary benefits – offered InfoArmor, moved to MetLife home and auto insurance (3/1)
- Passive open enrollment except for account-based benefits
  - Used Alight with tile-based guide; six-page guide with highlights and Benefits at a Glance – moved from large guide with all benefit information (has been a challenge but call center access is a plus)
  - Uses email communication for Staff and Consultants; Associates get mailings (unreliable email addresses)
  - Non-Qualified Savings Plan and Employee Stock Purchase Plan info communications go out separately (not on Alight); another communication challenge
  - DSI Retail 90 Rx plan communications (mailing) going out now – implementation for 3/1
- Use UHC Rally for wellness program; has mixed feelings on program value
- Anticipating plan design changes for next year

Goodwill Industries of Southeastern Wisconsin, Kathy Klobuchar

- Went from fully insured to self-funded; 6,500 employees (2,500 full-time)
  - $3,500/$7,500 deductible
- Dependent eligibility audit; added working spouse surcharge and non-tobacco wellness credit

- Open enrollment focused on education (e.g. ER usage vs. primary care, virtual visits, neighborhood clinics, dental care); sold high deductible plan – achieved 25% participation
  - Active enrollment to encourage consideration of benefits every year
  - Created video for open enrollment site (accessible for family at home)

Meridian Industries, Deb Falk

- 1,200 full-time employees (700 on medical plan in five states); self-funded
  - One option (Anthem); had $600 deductible PPO plan, wanted to move to $750 deductible for 2018 – had significant pushback, decided to keep $600 deductible
  - Interested in going to a high deductible plan (look at it every year) but have low wages and don't want to add an HSA; not going to hit Cadillac tax for several years; good claims experience but haven't lowered premiums; considering UHC with three-tier option instead of high deductible plan
- Minimal changes; no plan premium increase except for one location (10% increase)
- Promoted wellness, virtual visits; handed out PCP lists at meetings (only had 39% of people getting routine care)

A.O. Smith, Lori Menzel

- Self-funded (4,200 employees); PPO and high deductible plans
  - Tiered benefits (penalty) – HDHP: use Tier 1 providers at 80/20 (75/25 for non-Tier 1); PPO: $25 co-pay for Tier 1 providers ($35 for non-Tier PCP, $45 for non-Tier 1 specialist); no penalty for out-of-network for dental
  - Six percent increase due to poor claims experience – do not believe in keeping premiums flat
- No plan design changes; implemented ESI Retail 90 Rx program; added preventive coverage for dental at 100%
  - Implemented UHC Real Appeal weight loss program; started program right away in October)
- Created open enrollment paper guide that featured actual employees (mailed to all locations); always have different theme; use case studies

ACUITY, Amanda Gebert

- One HDHP ($1,500/$3,000 deductibles fully funded through front-loaded HSA); 1,300 employees (1,000 on medical plan); no spousal surcharge
  - Does not tier benefits
  - Small premium increase this year
- Open enrollment through HR system with login (tied into HR database); active enrollment