

Benefits Forum
December 6, 2023

Employer Benefits Roundtable Discussion

Discuss your 2023/24 benefit changes and open enrollment

BHCG Announcements, Jeff Kluever

- BHCG-Centivo high-performance health plan has seen significant sales success for 1/1/24, extending into 2025 that will substantially increase enrollment
 - Increase from 6,250 employees to 11,000 in 2024 (current employers/new employers)
- Will be making a major announcement soon that will support our mission and our desire to demonstrate good corporate citizenship in the state of Wisconsin
- Putting in place new workgroups
 - Navitus, Quantum & Artemis
 - Multiple user groups for Centivo
 - Looking for volunteers to chair the workgroups
- Will be holding a DVS symposium on January 22 (now TBD) with the new CEO of Froedtert (will be discussing Froedtert/TheDACare); also scheduling:
 - DVS symposium with John Barlament to discuss employer legal issues for 2024
 - Spring event
 - Golf outing
 - BHCG annual meeting in the fall
 - Member-only meetings

BMO, Melissa Dal Vecchio & Dennis Salentine

- 9,000 new employees this year from two large companies with completely different plans
 - Working on a communication plan
 - Other companies had a passive enrollment, BMO has active enrollment
 - Internal Institute for Learning created videos (how to enroll)
 - Willis Towers Watson created HSA, high deductible health plan videos
 - Bring into HR system and adopt other health plans for remainder of the year; similarities and differences
 - Had three-tier structure for BMO medical plan with gradual differences; new bank had significant difference between lowest group in five-tier structure and premium contributions (some paying 55% of premium)
 - Had to bump up BMO population contributions to match (e.g., 22%- 34%)
 - Had to go to a five-tier structure (overall funding philosophy is 75/25%)
 - BMO original plan has a 10.2% increase for '24
 - Communication
 - Made sure senior management involved
 - Relatively quiet reaction

- Started tiering HSA (top tiers don't get anything from the company) & medical premiums
 - Funding a lot to HSA even with HDHP
 - One-time enhancement in '24: \$70,000 salary and below -- \$1,000 single; \$2,000 family; between \$71,000-\$130,000 - \$750 single; \$1,500 for family
 - Deductible: \$1,750 - \$3,000
 - HSA tiered contribution is combination: part dollar for dollar matched, but also want people to contribute themselves
 - Very effective – have 90% enrollment in HSA
- Other changes
 - Had to add Kaiser HMO for new CA employees
 - Revamped life insurance plan: 2x compensation; can buy more after employer component
 - Changed from base salary to total compensation for '24
 - Single high deductible plan; all the same plan design
 - Moving Medicare eligible population to Willis Towers Watson exchange product due to 36% increase
- 89% active enrollment; 74% medical plan enrollment
- Use Core Benefits administration system
- In fifth year of using Artemis to develop modeling criteria
 - Baird started using it last year – some struggles, but has been great
 - Northwestern Mutual will start using 1/1/24

School District of New Berlin, Nicole Jones & Jackie Wagner

- Currently, two TPAs: UMR & Marpai for three health plans; two PPOs
 - UMR PPO: \$2,000/\$4,000 deductible, doubled for out-of-pocket max (20% employee contribution, but is reduced to 12% if biometric screening completed); old plan, phasing out – 10% enrollment
 - UMR HDHP: \$3,000/\$6,500 deductible, doubled for out of pocket max; 50% enrollment; employer contribution: \$900 employee only; \$0 if biometric screening completed (99% of employees participate)
 - Marpai narrow network plan: \$500/\$1,000 deductible; \$2,000/\$4,000 out of pocket max; includes Aurora and Children's Hospital of WI (about 45% of employees participate)
- Moving to Centivo 7/1/24
 - Will be launching benefit meetings; previewing communications
 - \$0 deductible for narrow network, other network deductible will same as Aurora narrow network plan with a 10% premium contribution
- Administratively doing ok but a lot of balanced billing with narrow network (especially Froedtert); looking forward to going to one TPA
- Have been experiencing 0-2% premium increases; attribute to success of near-site clinic (\$40 fee per visit) which a lot of high deductible plan members use
 - Looked at biggest issues: obesity and anxiety

- Direct contract for therapy; virtual care option (also for mental health and is free)
- Have come far – very savvy staff
- Use Health Choice to manage and communicate benefits and is also EAP; Health Joy; offer subscription to Noom (highly successful)
- Use Smith Rx as PBM (also specialty drug partner) – generally pleased with it
 - Trying to encourage infusions in non-hospital settings
- Have annual wellness event from 7:30 – 1:00pm with breakout sessions
 - Encouraging using Noom before trying weight loss drugs
 - [Show of hands for how many are covering weight loss drugs – all cover for diabetes, one employer for weight loss]

Charter Manufacturing, Zasha Ten Haken

- Two plans: HDHP with HSA & PPO with HRA
 - Had PPOs in the past; implemented HSA in 2018
 - Communicate “it’s your choice” – stayed away from steering in any direction
 - 88% of employees enrolled in medical plan: of those, 52% in HDHP w/HSA; 48% in PPO w/HRA
- Made minor changes this year for ‘24
 - Increased deductible: HRA plan: \$1,200 to \$1,300; HSA plan: \$1,500 to \$1,750
 - Diabetes, hypertension and heart disease are the leading diseases: Incorporated new vendors: Hinge Health (digital MSK clinic) & Armada (diabetes /weight loss/hypertension management); transitioned from Access Care
- Communication
 - Using Willis Towers Watson materials (use short 2-3 minute videos with plain language – had some good reviews)
 - Challenge: bulk of employees don’t have computer access – send HR open enrollment newsletter to the home to reach spouses (what to do, where to go, where to find more information, what’s changing/staying the same); also do postcard mailings as reminders
 - Active enrollment to get current status (e.g., tobacco, etc.)
 - 89% of population enrolled this year (usually a little higher)
- Use UMR – have had a good experience so far; PBM is Navitus – very pleased with them; use HRIS system for enrollment (working but some challenges; looking at something more seamless)

AO Smith, Lori Menzel

- With UHC, use Express Scripts through Rx Collaborative
 - Have PPO & CDHP for legacy AO Smith group (\$1,600/\$3,200 deductible – will move up with IRS changes to minimum)
 - New smaller acquisitions; most only had one CDHP option with large deductibles and no PPO
 - 88% of employees enrolled in benefits
- Communication: lots of different pieces

- Newsletter sent to location (used to send to the home, but stopped); lists what's new/changing and what they need to do
- Hourly employees do paper enrollment (HR enters info)/salary people do self-service); do presentations at all locations
- Every employee gets a guide with all their benefits listed, including rewards and insurance; invest heavily; used to do customized brochure for every single employee but decided to do just one high-level overview of benefits (still time-consuming, but not as tedious)
- Point solutions:
 - Livongo – diabetes and hypertension
 - Hinge Health
 - Nurse in the Family for clinical care
 - Rally rewards; Real Appeal for weight loss
- Had a nurse at Johnson City, TN location (union group) through UHC's onsite Nurse Liaison program
 - Health care costs were skyrocketing
 - Nurse has been in place for seven years and now location has some of their lowest costs; moving a nurse to South Carolina facilities because of issues there; Nashville nurse for several plants there (rotating schedule and some virtual care)
 - Don't provide physical care, nurse there for wellness coaching and getting program enrollment/engagement in the right programs and in community services (using UHC's robust database of community resources); help with Express Scripts and Livongo as well; working: 40% enrolled in Livongo diabetes program; 25% enrolled in hypertension program
 - Onsite nurses key for employee engagement; helping employees gets services they need; and keeping costs down

Direct Supply, Derek Stoobants

- Lots of changes this year
 - Had two HDHPs -- \$1,500 & \$3,000; IRS raised limit – rather than bump it up (resulting in 10% cost increase)
 - Still with UHC; two plans with Choice Plus network: HDHP (\$2,000/\$4,000); and new Surest offering; didn't steer one way or another – set premium equivalents to be neutral for budgeting purposes; pleased that 30% chose Surest (not a high deductible)
 - Surest is co-pay driven (lowest co-pay to highest quality provider); e.g., childbirth on existing plan would have been about \$3,800 at best performing hospital, now \$625 for co-pay; \$5,000 out of pocket max (\$5,000/\$10,000) – less than 1% of employees would reach it because co-pays are so low; preventive and virtual care is free
 - Premiums are lower for Surest (COBRA rate slightly higher) because of company contributions to HSA for the HDHP
 - Increased tobacco/vaping surcharge to \$100 per month (less than 2% are penalized)
 - Changed life insurance vendor last year – still a lot of hiccups
- Communication

- QR code to microsite WTW created; videos about the two health plans & some of the voluntary benefits; 25-page benefit guide; and highlight of benefit changes
- Postcards and one-on-one sessions if people wanted them
- With two new plans, did require an active enrollment (must choose or lose) – created reminders/notifications re. OE (got an email every day if did not enroll); very pleased with the response; well-received
- 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

Food for Health, Katy Peterson & Kathy Koshgarian

- Nonprofit startup (probably a little different than most employers)
- Utilize two strategies
 - Professional Employer Organization (PEO): work through Employer for all benefits except medical (renewed all benefits July 1); Medical: UMR (renew Jan. 1); want to work with Centivo; two current medical plans – PPO & HDHP
 - Offer health management program: healthy fresh meals delivered every week (offer to employees as a benefit) that can be medically tailored; health coaching (in lieu of employer contributing to HSA, etc.)
 - Latest health care renewal – 0% increase
- Communication – a lot done through email; some materials sent home
- As a local nonprofit, offer their program through different channels: majority on philanthropic side (free of charge)
 - Have a vision to disrupt diet-related disease (e.g., diabetes, hypertension, cardiovascular), particularly for vulnerable population
 - Very similar to what is offered to employers: fresh, medically-tailored meals delivered; health coaching to meet individual where they are at (interactive, interventional); biometric screening (health report card to start, biometric screening in the middle and the end); 12 month program; provide an aggregate health care report to client
 - Employer program is premium-based, shared between employer/employee; Baird did a pilot program (thought it was a really great program); Common Ground Healthcare Cooperative is a client (Food for Health did case study)

Baird, Kate Scherkenbach & Lisa Mrozinski

- Third year of enrollment for Centivo (eastern WI); two HSA plans with UHC
 - Seeing steady increase in participation with Centivo – 25%
 - Portion of population never heard of PPO, only had HDHPs; had to reframe, explain (same benefits but different plan)
 - Expansion in geographic areas to Centivo (e.g., Tampa)

- Have heard from employees (especially ones with planned expenses) that the PPO is a welcome option from an affordability standpoint
- Looking at making some wholesale changes to benefits in 2025; interested in looking at videos, tracking participation; looking to meet employees where they are
- Communication: microsite guide online (QR code on postcard so partners/spouses could access, also posted)
- [QUESTION for all: What is your most effective communication?]:
 - One on one conversations; brand everything/use same photos to build on awareness; continually talk about it
 - Have to track employees down to enroll (text, paper, online, etc.)
 - Digital strategy (more cost effective); need multigenerational approach
 - Using case studies/personas to identify with

Sendik's, Taylor Nelson

- Implemented Centivo 1/1/22; offer two plans:
 - WI-2 network – low deductible co-pay
 - HPS – higher deductible plan
 - First year saw a lot of success: 70% in Centivo; 30% in HPS
 - 2023 saw a 60/40% split (partly because the deductible was decreased for HPS plan)
- Saw first increase in cost this year for medical plan since 2021 (10%)
 - Did some steering (covered more for HPS); back to 70/30% split
- Communication
 - Go out to all 18 locations to help everyone enroll (lots of participation in one on ones)
 - Communications on website and also bring to locations
- New for 2024, partnering with Renalogic (repricing of dialysis claims); had a lot of high claims last year, program projected to save \$83,000
- Direct contracts: physical therapy; orthopedic (seen great success)

Kohl's, Inc., Erica Blohm

- 55% of eligible population are enrolled; offer three health plans: two HDHPS (UHC & Anthem); one PPO
 - Implemented Centivo in WI 1/1/23; able to lower the deductible for '24 (currently \$650/1,300; lowered to \$50/100); saw slight increase in enrollment (corporate office employees skew to more skepticism)
 - Implemented in Dallas (PPO/HDHP); have warehouses/stores there; excited about lower deductible (not concerned about narrower network); doubled overall Centivo enrollment
 - Kaiser in CA
- Ramped up communication strategy this year (heard loud and clear employees don't understand benefits; want to know more)
 - Team of three did 40 education sessions

- Did videos and PPTs every week leading up to OE for warehouse employees
- Had office hours for questions
- Went over very well
- Did mostly digital in the past; heard from employees they wanted more paper/meetings/mailers
- Switched to passive enrollment this year (busy season aligns with OE)
- Onsite clinic with Ascension at corporate office (PT, labs, x-ray, full service clinic); onsite clinics QuadMed in all warehouses across the country
 - If employee doesn't designate PCP for Centivo; enroll with PCP at the onsite clinics

Northwestern Mutual, Carrie Spychalla & Steph Hosig

- Offer four plans: two HDHPs with UMR; two plans with Centivo (HDHP; co-pay plan)
 - Began offering co-pay plan in '23; not a lot of migration (some in HDHP moved); saw a lot more movement for '24
 - Not a lot of changes for '24; implemented employer-paid 10% premium increase for Centivo locations (WI & NY); motivated people (goal was 50% of eligible in Centivo, got to 47%)
- 1/1/24 moving away from Quantum to UMR customer service
- Moved to passive enrollment (too many appeals; forgot to add family members, etc.), too much work
- Use Benefitocus; new feature can help with cost analysis – will look at it
- Use Premise Health for onsite clinic; three locations – Milwaukee, Franklin, New York
 - If someone enrolls in Centivo and doesn't choose a PCP, enroll them with a PCP at one of their onsite clinics
 - Clinics are very successful, so convenient
 - If you take Centivo co-pay plan for '24, all your Mutual Health Center visits are free (provider visits, PT, behavioral health); in high deductible plan, free after deductible
- Trying to drive people to Centivo this year; looking at expanding Centivo
- Wellness premium credit is \$1,600 for employee & spouse
- Looking at moving away from traditional EAP for next year (hearing from employees that mental health is a priority)
 - Looked at several options, will offer Dura Health in combination with health plan; NM will cover a certain amount – anything above and beyond eight sessions, will be covered by health plan; offer mental health coverage for non-medical plan enrollees as well
 - Offer a virtual option as well

Announcements, Jeff Kluever

- Employer Open Enrollment communications will be available on BHCG member portal
- Centivo has contracted with a new imaging company – MH Imaging (\$600 MRI); announcement forthcoming (only for employers with Centivo)